STATE OF MARYLAND

1)		4~	A. RACE	ANDREWS 15. DATE OF BIRTH	20. DATE OF DEATH MONTH 5 -	24-1985 10 IF UNDER ! YEAR IF UN
	3. SE.	MALE	White	Dec. 26, 1916	68 YR	MON-HS DAYS HOUR
35	M	aryland	Th. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	County
Doubled notified		agerstown		LADDRESS) LADDRESS LA	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN Leadman	IZE KIND OF BUS
125 125	130.5	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN Maryland Was		VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
11 Smhertin	-	ATHER'S NAME	Keller Andr	15. MOTHER'S MAIDEN NA	AME MIDDLE	Roane
nedicale		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECTION OF DATES)		Androve Ha	Elizabeth
a famna		Canditians, if any, which	DUE TO, OR AS A CONSEQU	pereful hema	nhou	
iai, cremation, a or other traumot		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.		crebal hem	ulgi	
r ra burra, crematian, a injury, ar ather traumat	NOI	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	crebal hem	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
ene prist ra buriai, crematian, a aws any injury, ar ather traumat	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO	erebal hemo	20a AUTOPSY? 20b. IF	GIVEN IN PART I I a YES, WERE FINDINGS U RTIFYING CAUSES OF D YES \(\) NC
m 18 shows any in	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS L RTIFYING CAUSES OF D YES \(\text{ NO.} \)
shows any in	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED OAY YEAR 19 216 HOW INJURY OCCUR	20a AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS L RTIFYING CAUSES OF D YES \(\text{ NC}
m 18 shows any in	-	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCUMENT AT WORK NOT WHILE ALL WORK	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. al) attended the deceased fram	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION 5186E1	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS LERTIFYING CAUSES OF D YES NO 18 PART (OR PART 2) COUNTY 19
m 18 shows any in	-	gave rise to immediate cause (a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK NOT WHILE ALL WORK 22a. Leerlify that (1) (this haspit saw the deceased alive an.	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 1 view the bady after death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 FARM, ETC.) 21f LOCATION 51REET	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS LERTIFYING CAUSES OF D YES NO 18 PART (OR PART 2) COUNTY 19

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR A.K. Coffman Funeral Home Hagerstown

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

100 .S.A. S. - restance of the series of th of Histograph St.

A AND AND AND AND AND THE SAME OF THE PARTY OF THE PARTY

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

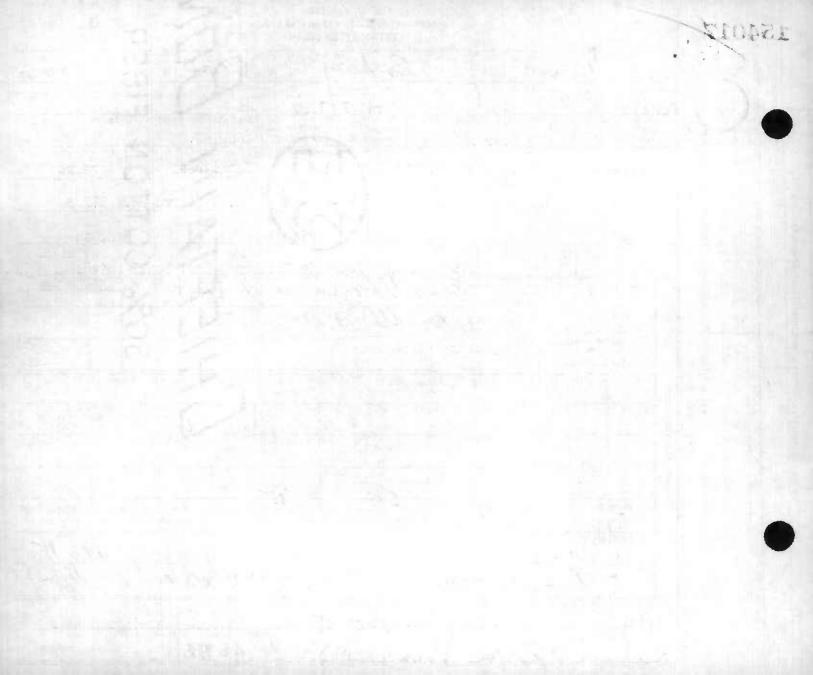
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	↓ 6 o.	8		
3	SUS	SAN OLON	/ (ODIE	Grey	To ANTHONY	5-17-85			6 CO	4M
Н	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	_	HOURS	MIN.
	Eem	ale	White		Apr.	1 7 1920	65	YRS			
1	7a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVERMARRIED	9 BALTIMORE CITY OF		ATH		
1	Mai	ryland	U.S.A		WIDOWE	DI DIVORCED X	WASHINGTON				MD.
0		Y OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDI	CIND OF	BUSINES	SOR
7		gers town	Washing	HOSPITAL, NURSI H FACILITY, GIVE STREE TON COUT	nty Ho	spital	Seamstress	G	arme	nt	2.01
6	13a ST		OTHER INSTITUTION	GIVE RESIDENCE BEFO 130 CITY OR TO Hancock	WN		Rt.#1 Pear	zip code	2175	0	
15	14 FAT	HER'S NAME	MIDDLE	LAST	Laring	15 MOTHER'S MAIDEN NAM	ME		LAST		11.5
U	2	Reed		Booth		Bridget	model	Don	egan		
1		AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		2178	3
		No	L WAR OR DATES)	215/14 2	2305	Patricia Pati	terson Rt#1	Box27 Sm		burg	
7	NO.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 90 DATE OF OPERATION	CONDITIONS CO	CENT	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE 200. AUTOPSY? YES NO	200. IF YES, WERE IN CERTIFYING C YES	FINDING		1?
	ER I	210. ACCIDENT WAS UNDERLYING	21b. TIME C		DAY VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORP	ART ?)		
7	AL	OR CONTRIBUTING CAUSE OF DE	AIN	m. month (m.	DAY YEAR						
H	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOV	vn cou	NTY	STA	ATE
		220.1 certify that (I) (this hasp saw the deceased alive ar above. (I) [well (bid) (did no	- // /Y		. 00	nd that in (my) (our) opinion o	todeath accurred on the da	te and hour and fro		ot (I) (we	
		226. SIGNATURE / North	5/	oner dedin.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATESI	GNED	_
		22d PHYSICIAN'S NAME (TYPE)	orde	zahh		282 Cont	or Olys	10 f an	14	Zhu	1.
	23a. BL	IRIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	7	STA	ATE
	Bu	rial	5/20/	'85 St	t. Pet		Hancock	Washingto	on I	Md.	
1	21 FUI	VERAL DIRECTOR	A.	ADDRESS		250 DATE	AY 2. Q 1005	256 REGISTRAR'S S	IGNATU		4

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.



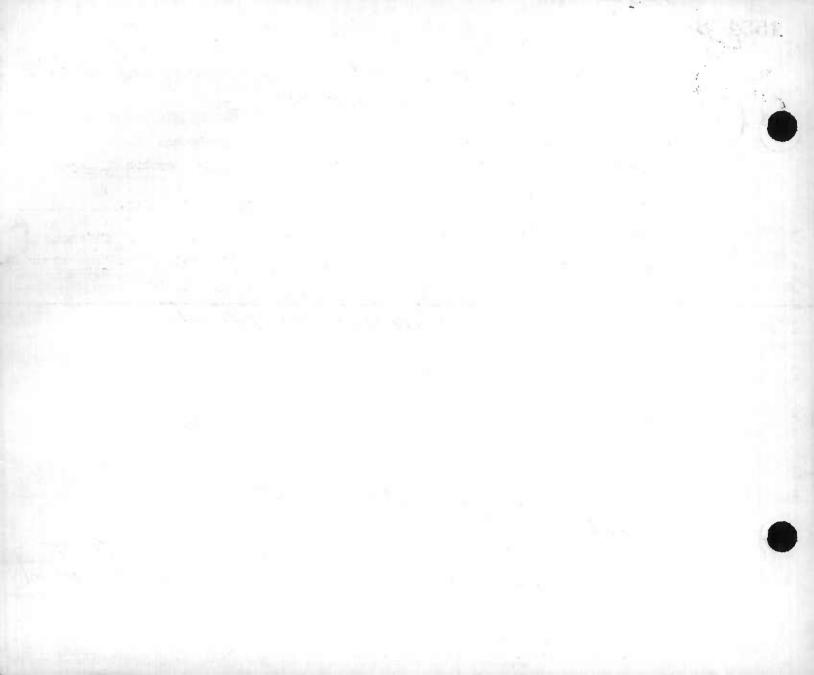
542QL		FOR			DEPA		EALTH AND MENDAL H	ZOIENE	1 5	6	9
5138	1 -	STATE REGISTRAR			DEI A	CERTII	ICATE OF DEATH		REG. NO.		
		EASED NAME	FIRST		MIDDLE		AST	20 DATE	OF DEATH MON	H DAY	YEAR 26. HO
9e 3	(TYPE	OR PRINT)	ame	s L	-UTHER	ASHI	BY		may	26	1985 12
0. 10	3. SE			4 RACE		5. DATE		6_AGE (III	YEARS LAST BIRTINDAY	IF UND	ER I YEAR IF UNDER
6.00		Male		White		Janua	ary j7, j9j5	.,7	0	YRS.	Jan
CARL		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTI	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR CO	UNTY OF D	EATH
W	ма	rtinsburg			S.B	WIDOW	DIVORCED [Wa	shington		
23 19		TY OR TOWN OF ĎE. <i>gerstown</i>	ATH	Washi	HOSPITAL, NUR HEACHITY, GIVE ST NGTON C	RSING HOME (REET ADDRESS) County	Hospital		LOCCUPATION ORK FOR MOST OF WOR er/ Oper	KING LIEFT IN	KIND OF BUSIN DUSTRY Trucking
filled in	13a. S	AL RESIDENCE (# NUR TATE d.	136 COUN		GIVE RESIDENCE BE 130 CITY OR TO Hagers	OWN	13d. INSIDE CITY LIMITS?	1304	ADDRESS / ZIP		2174
150111		THER'S NAME	,	MIDDLE F.	LAST		15. MOTHER'S MAIDEN I	NAME -	WIDDLE		LAST
20/3//		ames			Ashby		Elston		I.		Whitacr
7 5 O		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORMANT	7.5	ADDRESS	7,770	Vacoret.
26		No			214216-	0469	Mary G. A.	shby	04 Salem	I Ave.	21740 AMBERIMAN HITE BETWEEN ON ST AND
ed by me pleose riol, cr or other		cause (a), statii underlying cause	last.	1 (0)_	R AS A CONSE	201/2020	NOV BEINVES		CF 00 CO		10.07
Then p	N O	PART 2 OTHER SIG	nificant c	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEA	ase or conditio	on given in	IPART I(a
Some pro-	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AU YES	TOPSY? ZOB	IF YES, WER CERTIFYING YES []	RE FINDINGS USE CAUSES OF DEA NO [
and Hyper		210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	ZIE. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN I	TEM 1B PART 1 O	R PART 2)
the fire	MEDICAL	ZIE INJURY OCCUR	HILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	ICE FARM ETC	ZII. LOCATION	~	CITY OR TOWN	C	OUNTY
CTOR, A for use of of Health		22a certify that (I saw the decease above (II (will))		524	atter death.		nd that in (my) (our) opini	on death occur	red on the date o		
PAL DRE No.		The Spilet of	light	WV			DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAFF	_ /	12. DATE SIGNED
O FUNE hould be		me physical sy	Je Je	290/13c1	pol		377 6	m e	Wilow	HA	Jes for
SP		Burial CREMATION	REMOVAL	May 2	9,1985	Rest I	Haven Cem.		cation ty or town gerstowi	n Was	hington

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRMINION Funeral Home ADDRESS 415 E. Wilson Blvd. Hagerstown Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



15707

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYDI ICATE OF DEATH	REG. NO	. / U	
	CEASED NAME E OR PRINT)	OKMAN	Henry	P	BAER	5/36/R	MONTH DAY YEAR	25. HOUR PM
3 SE	* Male	4 RACE Cau	Casai	S. DATE C	22,1910 X XX	6 AGE (IN YEAR SLAST BIRT)	HDAYI IF UNDER LYE MONTHS DA	
7a B	IRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED D	9 BALTIMORE CITY OF WASHINGT		MD.
	Hagerstown	Washi	cheacility, give street ngton Cou	nty Ho	or other institution ospital	126 USUAL OCCUPATION STOP Salesman	WORKING LIFE) INDUST	o Parts
13a Ma	aryland	NG HOME OR OTHER INSTITUTION 13b. COUNTY Washington	I GIVE RESIDENCE BEFOR 134 CITY OR TOW Maugans			P.O.Box #	^{ZIP CODE} 2176	7
	Henry	Martin	Baer		Fannie	Ellen	Keener	LAST
	WAS DECEASED EVER II YES, NO OR UNKNOWN} NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-09-		Sara J.Baer	(item 13 ab	ove)	
		ediote	Card PRASA CONSEQUE OR AS CO	iti	Inouary , myoeard Inter Dipe	Direct in Deface ne	tien	ROXIMATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGN	ON JAL CONE	in /	OPERATIO	NOT A TO THE TERMI	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF	AUSE OF DEATH HOUR A		AY YEAR	216 HOW INJURY OCCURRI	Land Card	Land .	Lad.
MEG	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended t	ne deceased from	dug	STREET 1983 19	city OR TOW	1985	STATE that (1) (we) last
	226 SIGNATURE	confin	durke			MEDICAL STAF	22t. DA	the causes stated AVE SIGNED 30/80
	FRAHCU	sed L. AND			76 0	lowland	aunne	
	BURIAL, CREMATION, R ISPECIFY) Buria		3,1985 C		EMETERY OR CREMATORY Srove Cemetery	Green castle	Franklin Pen	nsylvaniä
	ineral director	rne/P.O.Box#	348 Willia	msport,		REC'D. BY REGISTRAR 2		NATURE MANUEL

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

MPORTANT: If Item 21 is marked or Item 18 shows day injury, ar other traumatic event, th

1570 Comment of the Commen Edulational life 25 All Displayed - Lebester H. S. Complete Comment The state of the s Carrier and Carrier and Carrier and Carrier

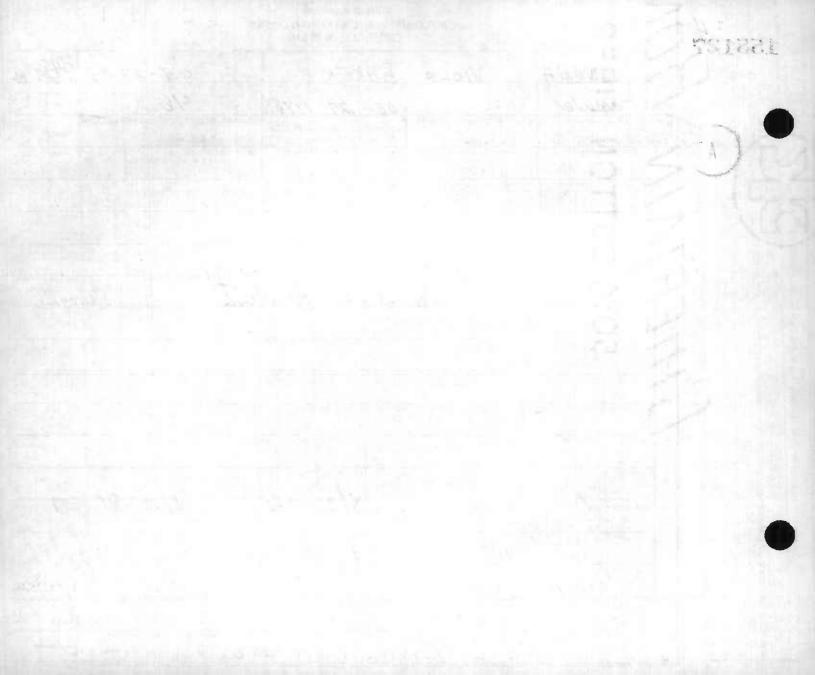
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STATE OF MARYLAND

,		REGISTRAR				CERTI	FICALE OF DEAL	III	REG. N	0.			
			IRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	24. HQUB	1
3	(TYPE	ORPRINT) NIN	14		VIOLA	D	AKEP		0	5-3	27-85	945/	2 41
	3. SE)	10010	14.	RACE	VIUL		OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	FINADERS	005
	,	Female	/	White		MON!	H DAY Y	788	9	6 YRS	MONTHS DATS	HOURS	MIN.
フー		RTHPLACE (STATE OR FORE	iGN 7b	CITIZEN OF	WHAT COUN	TRY? 8			BALTIMORE CITY O		Y OF DEATH	- 60	
15		Ighmington	Md.	U.S.	Α.	WIDOW	ED NEVER MARR		Washingt	on			MD
7		TY OR TOWN OF DEATH		I. NAME OF	HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTI		120 USUAL OCCUPATI	ON	126. KIND O	BUSINES	
1/9	Ha	gerstown			ngton (Hospital	GC-3	Cafeteria	DE WORKING L		of E	d.
2 0	USUA	AL RESIDENCE (IF NURSING		HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION					11	12/1	11/1
de		100	Wash		Hager		YES X NO		55 E.	Wash	nington	St.7	0
11	14. FA	THER'S NAME	All	DOLE	LAST		15 MOTHER'S MAI	IDEN NAM	MIDDLE		1455		
		Frisby			Morraga		Margue	erite	Middle		Mo	ats	
1		VAS DECEASED EVER IN L		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS 827	Woodla	nd W	lav
/		No	r tes, Give v	VAR OR DATES	217-1	6-2309	Cather	ine J	. Miller		stown M		1740
		18 CAUSE OF DEATH	nter only	one couse pe	r lige far (a), (b	and ic-	1 1	7 .	1		APPROXI/ BETWEEN C	MATE INTERV	AL
		PART I. DEATH WAS		BY. C AUSE (a)	(QVe	Grovaso	Wou A	(Cad	ent		3 W	peku	/
	33				OR AS A CONSI	FOLIENCE OF	G						
		Conditions, if any, wh	hich	(1b)	A A COMO	E GOLINCE OF							
		gave rise to immed		DUETO	R AS A CONS	EQUENCE OF							
	100		last.	(10)	A A CONS	LOULINCE OF							
	140	PART 2. OTHER SIGNIFIC	CANTCO	NDITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 110	4	
	NO N												
1	CERTIFICATION	19a DATE OF OPERATION	N	196 COND	ITION FOR WE	HICH OPERATION	ON WAS PERFORMED	D	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED	10
2	E								YES NO		ES [NO [11
7	E E	21a. ACCIDENT WAS UNDERLY		216. TIME C		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
1	AL	OR CONTRIBUTING CAUS			.M. MONTH	19	1000						
	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY		211 LOCATION	4000	CITY OR TO	wN	COUNTY	ST	ATE
	Σ	WHILE NOT WHILE		[AT HOME ST	REET FACTORY, OF	PRE, PARM EIC I	/			1		01,	
		220.1 certify that (1) (thi		attended 1	he deceased fr	om	5/2 19	SJ		122	19 80 , 1	hat (I) (w	e) last
	18	saw the peceased a above (1) (we) (did)	did no	view the hordy	ofter death	19 J , o	ind that in (my) (our)	opinion de	eath accurred an the di	te and ho	ur and fram the c	auses stat	red
		226. SIGNATURE	_/		Oner decini		DEGREE				The DATE	GNED!	1
		(Gbe	X (mull			ATTEN PHYSI	IDING	MEDICAL STAT		15%	0/8	35
1		228 PHYSICIAN'S NAME	(TYPE OR P	RINT	11		22e ADDRESS	· A	12	1.	F	111	DK.
		Kober	W	Bru	11	5 4	1459	1	otimac,	ANG	NO	ights	Tolla.
1 12	23a B	URIAL, CREMATION, REA	MOVAL	236 DATE	1		CEMETERY OR CREM		23d LOCATION		***COUNTY	St	476 .
		Burial					Hill Cemete	•	Hägersto		Washing		Md.
4	24 FL				eral HC		1000	25a DATE	REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNAL	IRE and all	2
	41	5 F Wilson	n Bly	/d. H	lagersto	own Md	. 21740	MA	Y 3 1 1985				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

	1-	SYATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME (MIL)	Worth Log	an P	laker	5 - 21-85	TAN TEM TO HOUR
i	1. 58)	×	L RACE	S. DATE C		6. AGE (IN-YEARS LAST RIFTIDAY)	FUNDERTYEAR FUNDER 74 HIS.
4	m	ale	white	Nove	mber"12, "1916	1.00	
5	1	RTHPLACE (SMATE DIFFOREGIA 2)	USA	MARRIE WIDOWI	D X NEVER MARRED DO DNORCED	Washington	OF DEATH MD
9		agerstown	II. NAME OF HOSPITAL NI UF NOT SESSOFFACILITY, GMT Washington	S289ES ADORESS)	or other institution lospital	179: USUAL OCCUPATION 1199: 109 WORK FOR MOST OF WORK FOR IN	IN KIND OF BUSINESS OF
Ė	13a S	AL RESIDENCE (* MURING HOME DRO STATE 136 COUN aryland Washi	TY TIL CITY OR	TOWN	134 INSIDE CITY LIMITS? YES [X] NO [13eSTREET ADDRESS / ZIP CODE 300 Cornell A	21740 ive., Apt. 1
/	14. FA	Clarence H	Bake		15 MOTHER'S MAIDEN NAME Elizabeth	ME MICOST	Logan
		VAS DECEASED EVER IN U.S. ARM (ES, NO DE UNEHOWN) (ES W.W.	WAR OR DATES!	-9581	Janice Bake	ADDRESS er, Hagerstown, M	71
		III. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE IMMEDIATE IMMEDIATE IN THE PART OF THE IMMEDIATE IMMEDIATE IN THE	BY.	CULO OF COLOR	myor ar	len des	en I da
	NO.	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OF CONDITION GIV	EN IN PART I IO
7	CERTIFICATION	19s. DATE OF OPERATION	19. CONDITION FOR W	HICH OPERATIO	IN WAS PERFORMED		S, WERE FINDINGS USED TYING CAUSES OF DEATH?
7		3) # ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLUMN CAUSE OF DEAL (IF ETHER, NOTHY MEDICAL ERAMINER)		DAY YEAR		RED (LEATER WATURE OF HAURY IN FILM IR.P.	PART I ORPAREZ)
	MEDICAL	NAME OCCURRED NAME OF HOLWING OF	21s. PLACE OF BUJURY (AT HOME, STREET, FACTORS, O	FFEE TARM, (TE)	THE LOCATION	CIT ON TOWN	COUNTY SIATE
		22s.1 certify that (I) (this haspit saw the pageased office on.		12	Oct 19 58 nd that M (my) (our) opinion	death occurred on the date and hou	19 that (I) (we) last and from the course stated

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL burial Rose Hill Cemetery May 24,1985 MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Mallocation
City or town
Hagerstown, Wash., Maryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

714 ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 2 3 1985 Glic Burdon Porda

77r. DATE SIGNED

177 73-14- A 1-4-A

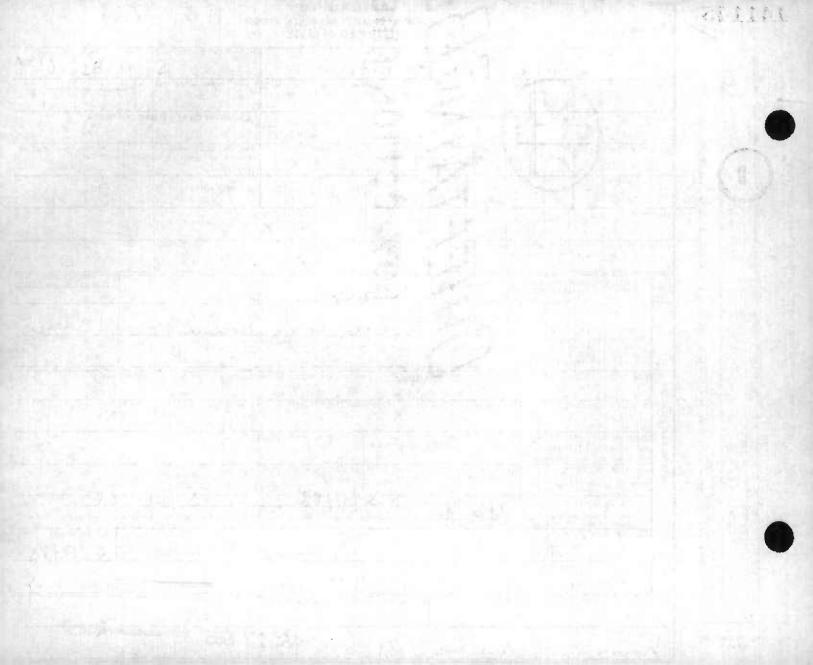
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143122	11-	STATE OF MARYLAND OR DEPARTMENT OF HEALTH AND MENTAL HYG HEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF I	
28 6 6 8 1		EASED NAME FIRST MIDDLE LAST BEAM	29 DATE KNOWN MONTH DAY YEAR 26 HOUR OF ESTI- DEATH MATED 5-14 1985 1212M
ESSARY, PLEASE RAL DIRECTOR. THIN 72 HOURS HESSEN STREET,	3. SEX	4 RACE S. DATE OF BIRTH WONTH DAY YEAR LAST BIRTHDAY) White Oct 27 1978 G YRS. 16 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HOURS MIN MONTHS DAYS MIN MONTHS MIN MONTHS DAYS MIN M	RS. 21. DATE MONTH DAY YEAR 24 HOUR PRONOUNCED 5-14 1985 12:24
SENSON AND AND AND AND AND AND AND AND AND AN	FO	PA, USA WIDOWED DIVORCED	WASHING TON MD.
ELAY 16	L	HAGERS TOWN WASHINGTON COUNTY HOSPITAL	I USUAL OCCUPATION (TYPE OF WORK POR MOST OF WORKING LIFE) STUDIEN 1
MD. 21201 H. Jir ANN W. GHTTN Z. SHOULD Z. SHOULD	13a S	LRESIDENCE (IF IN MUISING HOME OR OTHER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION) ATE 136. COUNTY 136. COUNTY 137. CITY OR TOWN 138. INSIDE (ITY LIMITS? 138. COUNTY 138. COUNTY 138. COUNTY 139. CHAMBEES BERGY YES NO X	STREET ADDRESS
RE, AD		ROBERT LOIS MIDDLE BEAM LOIS	A. Dieh
BALTIMORE, S. AFTER DEA GWE PAGES THE FORM PAGES AN WISIGN O	16a V (Y	AS DECEASED EVER IN U.S. ARMED FORCES? S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 17. INFORMANT ROBERT & REAR	1 5860 Sheller Rd. Chamber Bisea la
		18 CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MASSIVE FX SKVLL, L+, CA (DUE TO, OR AS A CONSEQUENCE OF	ALVARIUM - PO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., EXECUTED WITHIN 2 HOUSING WITHIN SANGUL IN TEMPLE CAL EXAMINER ACAGA A BURIAL - TRANSIT PERMIT A HAND MENTAL HAND		Canditians, if any, which gave rise to immediate cause (a) stating the under-	RIES (INT.)-N-869 6 HOURS RVEHICLE-E-813
RECORDS TO BE EXECUTE PENDING: PENDING: AS A BU IEALTH AN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	0)
F VITAL RECORDS, 201 N E SHOULD BE EXECUTED WORD "PENDING" IN PR IE CHIEF AKDICAL EXAN BE USED AS A BURNAL- NIT OF HEALTH AND MEI BORNAL, CREMATION, C	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES □ NO 🗙
IN OF NOTE WE WANTED BY STANEN	CALCER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19	ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)
DIVISIO THIS CERTIF WARDED TO WARDED TO TATE DEPAR 21201 PRO	MEDICAL	21d. INJURY OCCURRED 21d. PLACE OF INJURY (ATHOME, STREET STREET STREET) 21f. LOCATION STREET STREET STREET	CITY OR TOWN COUNTY STATE
WINER: IFICATE BE FOR CTOR: H THE S		LITLE (SPECIFY)	Indetermined monner,
TO MEDICAL EXAN EXECUTE THE CERT PAGE 4 SHOULD I TO FUNEAL DIRE AFTER DEATH, WIT BAITMORE, MARY		SIGNATURE SIGNATURE M.D. DEPUTY	MEDICAL EXAMINER SIGNED 5-14-85
PAGE PAGE PATER	23a.B	(TYPE OR PRINT) SECONDESS HAG	BERSTOWN MD-21740 SILOCATION CITY OF TOWN STATE
07/84 BP DHMH - 17	24 F	BURIAL MAY16, 1985 FEHERNOFF CEMETERY	Chambers Bury Frothin TA. D. BY REGISTRAR 135. REGISTRAR'S SIGNATURE
(VR A15 ME (5))	The	mas L. CHEISEL - 1525. SECONDEST. Chambeas Burg FAMAY 2	0 1985, Julia Saindson-Randall

THE CONTRACTOR TELESCOPE AND THE PROPERTY OF T MALE STATE WITH STREET CONTROL TO STATE OF THE PARTY OF T BASE THE SOUTH HAD BOTH A CONTRACT OF THE SAME

141145	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HAY CERTIFICATE OF DEATH	GIENE 5	474
y be death	{TYP	REGISTRAR CEASED NAME E OR PRINT) Gruil	-	Bitne	REG. N 20. DATE OF DEATH	S 11 85 62 4 A
ecture, p		male	4. RACE white	5. DATE OF BIRTH May 8, 1905 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
0 1 12 175	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7Ь. CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED D NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	ngton MD
1 79	1	ity or town of death Hagerstown	Washington Co	RSING HOME OR OTHER INSTITUTION REET ADDRESS) DUNTY Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O agency	
Bo	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Mary Land Was	r other institution. Give residence bi NTY hington Hagers	OWN 113d INSIDE CITY HAITS?	13e STREET ADDRESS 1012 Ros	se Hill Ave. 21740
MARYL ted with ond 2 seconding	14 F.	ATHER'S NAME Riley Daniel	Bitner LAST	15 MOTHER'S MAIDEN NA Hattie V		lasi
BALTIMORE, cote be execu- ysicion and co opers. Pages I wal.	1	WAS DECEASED EVER IN U.S. AI (15 YES, NO OR UNKNOWN) (15 YES, GI	RMED FORCES? 166 SOCIAL S VE WAR OR DATES) 213-06		O. Bitner,	Hagerstown, Md.
ST., BAI. g physicic onpoperi		PART I. DEATH WAS CAUS	nly one couse per line for (b), (b) ED BY: (TE CAUSE (o)	ond (cl.)	arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0, 5 -		Conditions, if ony, which	DUE TO, OR AS A CONSE	Coronan aten	Dieege	18 years
on W. PR that the d by the lease rem iol, cremo		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		
PRDS, 20	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
The low rion.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20s AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: "g physic certificate rial-trans entol Hyge them 18 st		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death or oftending physicion. The burnol-transit permit. Then please remove cort th and Memal Hygiene prior to buriol, cremation, or orked or them 18 shows any injury, or other troumation.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC)	CITY OR TO	WN COUNTY STATE
A TTENDING hospitol or out RECTOR: After ed for use os t pt. of Health o em 21 is morke		sow the deceosed olive or obove, (1) (we) (did) (did no	ot) view the body often deoth.		death occurred on the de	te and hour and from the couses stated
0 0 0 0 5		726. SIGNATURE	AIDIA	ATTENDING PHYSICIAN	MEDICAL STAI	
TO HOSPITAL TO FUNERAL should be dere with the Stote		221 PHYSICIAN'S NAME (TYPE	OR PRINT) H CASS	111 1925 How	ell Rel	I tages town had
BP		BURIAL, CREMATION, REMOVAL SPECIFY) DUPIAL	May 14, 1985	Rest Haven Cem.	23d. LOCATION CITY OF TOWN Hagerston	un, Wash Mary land
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR MINNI	CH FUNERAL HOME 15 E	S ZI C NAYA	FRET DISSESSISTRAR	B) SECTION SUNATURE

L



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

FOR

- STATE

3. SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	CATE OF	DEATH	REC	G. NO.				
. DECEASED NAME (TYPE OR PRINT)	FIRST RES	1	dillard illard		Bor	d	20 DATE OF DEAT	May 3		YEAR 985	76 HOU	R
3 SEX		4 RACE		S. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
male		wh:	ite	Augu	st 27,	1902		82 YRS.				
Maryland	OREIGN	U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED	9 BALTIMORE CI	ry <u>or</u> count sh in gto		ATH		MD
Hagerstown	(TH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A STON Coun	ODRESS)		TITUTION	12a USUALOCCU (TYPE OF WORK FOR M machinis	OST OF WORKING	IFE) IND	KIND O USTRY OOT	F BUSINE	SS OR
USUAL RESIDENCE (IF NURS) 130. STATE Maryland	13b COUN Wash		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagers to	4 1	13d. INSIDE C	NO [13e.STREET ADDRE 302 Sout			Str	217 eet	40
A FATHER'S NAME					15 MOTHER	S MAIDEN NA	MF					

FAITIER S NAME			13 WOTHER SWAIDER HAME		
William	N.	Bond	Helen	MIDDLE	Delauney
		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
no	(IF YES, GIVE WAR OR DATES)	214-09-3864	Mrs. Mary M. Bond	Hagerstown	Maryland

18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)
PART I. DEATH WAS CAUSED BY. FAILURE ESPIRATMY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF NEUMINOA Conditions, if ony, which gove rise to immediate couse (o), stoting the (LOS MIDIUM underlying couse lost. ECINDARY

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

BONE. 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY

IN CERTIFYING CAUSES OF DEATH? YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

MAY 22a.1 certify that (1) (this hospital) attended the deceased from the deceased alive on Min (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL

DIRECTOR PHYSICIAN 22e ADDRESS

Mt. View Cemetery

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

June 4,1985

NOT WHILE

burial

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Sharpsburg, Washington, MD.

STATE

415 East Wilson Blvd., Hagerstown, Maryland 2174

should be detached with the State Dept. FUNERAL MPORTANT

carban papers. Pages

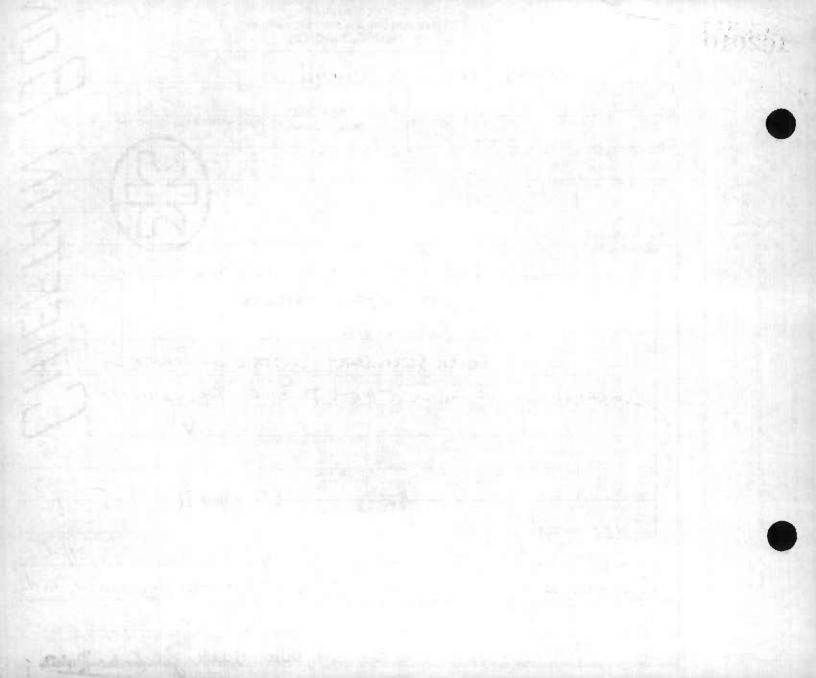
please

and Mental Hygier

or other trou

CERTIFICATION

DHMH - 16 60M 7/B4 (VRA 15, 4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 148090 CERTIFICATE OF DEATH 20. DATE OF DEATH Lost 2b. HOUR and 2 death. DECEASED-NAME within 24 haurs after death. M20, 1985 (Type or print) ROBERT LEE BRAGUNIER May b:30 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX lost birthdov) MONTHS I DAYS HOURS male white November 6, 1920 64 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED 🔀 NEVER MARRIED (ountry) Maryland Washington physician and completely filled in ien please remave carban paper USA DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress)
1211 Wabash Avenue during most of working life, even if retired.) INDUSTRY Hagerstown railroad crane operator 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? PHYSICIAN: The low requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY Washington 1211 Wabash Ave. 21740 YES X NO Hagerstown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Clyde L. Bragunier Edith Barber 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) 705-14-0138 Gloria J. Bragunier, Hagerstown, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic carcinoma of kidney vears IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been far use as the Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS 21b. TIME OF INJURY CAUSE DF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (I) (the Novo attended the deceased from March , 19.82 , ta May 20 185 , that (I) () lost saw the deceased alive an May 7 185, and that in (my) (XX) apinion death accurred an the date and haur and from the causes stated above. (1) (did) (did nat) view the bady after death. be retained 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR May 20, 1985 directar, page 3 shauld be filed DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Howard N. Weeks, M.D. NAME (Type) Hagerstown, Maryland 21740 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) May 22, 1985 Rest Haven Cemetery Hagerstown, Wash., Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME DDRESS DATMAY 2 3 1985 VR A15 (4) the Davidson-Pandalls 415 E. Wilson Blvd., Hagerstown, Md. 21740

136030	1-	FOR STATE REGISTRAR						STA MENT OF EXAMIN	HEALTH		ENTALH		5 4	S &	, NO.	1		
		CEASED NAME OR PRINT)		rry		Elli	iott		BRY	YAN			20 DATE OF DEATH	ESTI-	MAY		YEAR 1985	26 HOUR 4:28
	3 SEX		4 RAC		MONTH	OF BIRTH	YEAR 1961	6 AGE (IN YE LAST BIRTHD 23		DER I YR.	IF UNDER	24 HRS. MIN.	2c. DATE PRONOU DEAL	NCED	MAY	10	YEAR 19 85	4:28
NECES FOR WITH	FO	RTHPLACE (S REIGN COUNTRY)	STATE OR		76. CITI	ZEN OF W	HAT COUN		10		VER MARRI DIVORC	1		AORE CI	TY OR COUN	ITY OF		
SHE SHE	10. CI	TY OR TOWN		ĀTH	(FN	ME OF HOS	CILITY, GIVE S	RSING HOM TREET ADDRESS)	E, OR OTH	IER INSTITU		12a USI	JAL OCCU MOST OF WO MONTON	PATION RKING LIFE	(TYPE OF WORK	12b. KI	IND OF BUI	SINESS
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PM. 3. RETAIN PAGES 15 SHOULD BE 18 S SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE 18 S SHOULD BE 18 DEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13a S	RESIDENCE TATE ryland	(IF IN NI	IRSING HOME OF ISE COUN Wash	OR OTHER IN	ISTITUTION, GI	13c. CITY	OR TOWN	ON)	13d. INSIDE (NO [13e. STR	EET ADDR		otomac	St.	21	740
PM 3.		ATHER'S NAM FIRST Albert	t	L.	MIDDLE		Brya			C	ER'S MAIDE ERST loria	NAME	,	MIDDLE		R	LAST Oberts	
JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AP DIVISION OF	yes	VAS DECEASE ES, NO, OR UNKNO	D EVER	I (IF YES, GIVE	MED FOR WAR OR DA -1980	(CES?		S2-3270	Y NO.	17 INFOR		ryan,	Hagers	ADD stown	Maryla	ınd		
D WITHIN 24 HOLE ENCIL IN ITEM 18 MINER ALONG 1 TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		Canditia gave r	ens, if ise to	IMMEDIA' any, which immediate g the under-	D BY: TE CAUSI	E (a) E-	AS A CON	PEDES SEQUENCE CHEST SEQUENCE	of TRA		UCK B	Y MO	ror v	EHIC	LE	BET	PPROXIMATE WEEN ONSET HOUR:	AND DEATH
CRTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN PE 5ED TO THE CHIEF MEDICAL EXAM 3 SHOULD BE USED AS A BURIAL." DEPARTMENT OF HEALTH AND MEI 1 PRIOR TO BURIAL, CREMATION, C	CERTIFICATION	PART 2 OTHER S						VIED TO THE TERM				RT 1 102					AUTOPSY?	NO []
ED TO THE WE SEPARTMENT PRIOR TO BE	MEDICAL CERT	21a EXTERN UNDERLYING CONTRIBUT 21d. INJURY	ING D	OR CAUSE OF	DEATH 1	Te PLACE	MAY		STR 21f LO					BY	NIRPARTIORP LYING VEHICL		BACK	IN
EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23a.B	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI URIAL, CREMA	ted from	Natural EDWAR	ge of the ral causes	remains der	Accident Oct.) 1236. 1	ve, held an Su	Autopolicide M	Sy X, Hami TITLE (S DE	Inspection cide SPECIFY) PUTY 217 HAGEI	Under MED WEST RSTON	Inquiry ermined multiple MASH WASH	MINER INGT	and in my o	MAN, WAR	v 10	,1985
DHMH - 17 VR A15 ME (5))	24 F	urial UNERAL DIRECT NAME 15 E.		MINNI son Bl	CH F	UNERA	L HON	Æ						AR 256. I	REGISTRAR'S	SIGNAT	TURE	

THE VALUE A YA TOOL EL BELLEV HOTOLYS SCLUT ALAST BOX - 11-LANDARI TITHE MELAN III WEAR THE ENTRY I DESCRIPTION I LEVE STORY THE I Danay 10 to state T. That the sylve of yaking it TEST YTL S THE ST MOTOR LARGE T 131 (2) TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directar should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical adaptment to patified by once.

Major M.Osborne-Williamsport, Md. 21795

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ė	REGISTRAR		CEKIII	FICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST E OR PRINT)		Wilson CA	STLE	20. DATE OF DEATH MONTH	29-85 10;29 A
3. SE		4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	Whit	e Octo	ber 15,1908	77 YRS	
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED XX	Washington	Y OF DEATH
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
	lagerstown		gton County HO		Operator	Electric
Ma		nington	WILLIAMSport	13d INSIDE CITY LIMITS? YES XX NO []	39 E. Salisbury	St. 21795
		Albert	Castle	Bertha	Jane	Sterling
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	214-10-4031	Florence Har	tle-Williamsport	,MD 21795
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (0), stoting the	TE CAUSE (ol	R AS A CONSEQUENCE OF	e Culi	len de	yen
CERTIFICATION	PART 2 SHER SIGNIFICANT	ty 1	ONTRIBUTING TO DEATH BUT			IVEN IN PART I (0 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	DF INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	YES NOTO YEE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREE	CHTY OR TOWN	COUNTY
	22a I certify that (I) (this hasp to—the deceased alive or othere (I) reel (d.d. o. 22b SECHATURE	11 2	1954.	ind that in (my) (our opinion of	death occurred on the date and ha	that (I) (we) lost our and from the couses stated
	1313+1	OR PRINT)	empry	PHYSICIAN PHYSIC	gertm	and and
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	June	1,1985 Greenla		k Williamsport Wash	9
24 E	LINERAL DIRECTOR			25- DATE	E PECIN BY PEGISTPAPING PEGIS	TDAD'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ar. The

that the death certificate be executed within 24 hours often

certificate the been upped by the offending physicion and certificate

mer, or other troumotic event, th

FOR
STATE

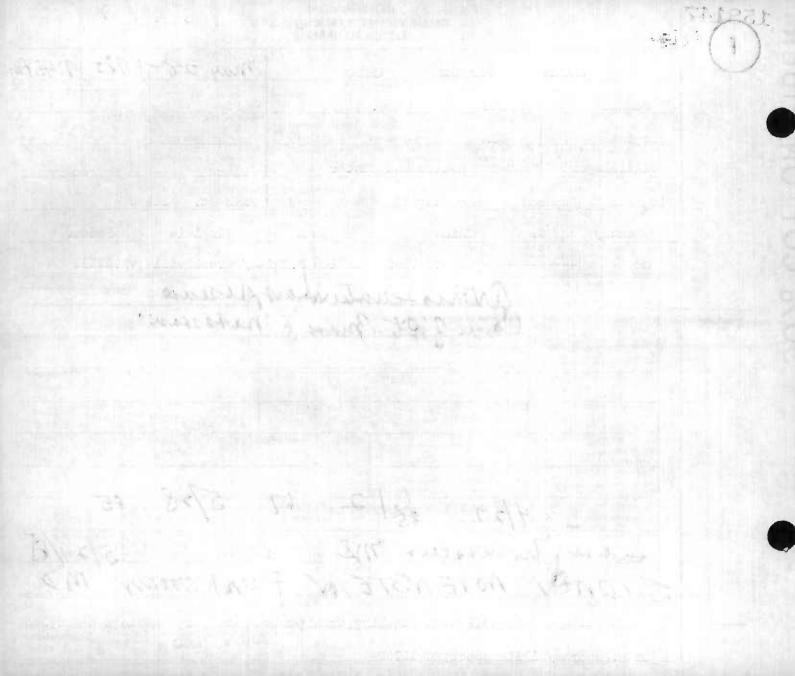
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO)		
1. DECEASED NAME			WIDDLE		LAST	20 DATE OF DEATH	MONTH DA	aft.	2b HOUR
	Maudie		irgina		HINN	may 1	0 1	100	7.73 M
3. SEX		4 RACE		5. DATE (OF BIRTH YEAR	6 AGE LINYEARS LAST BIR		DNIHS DATE	IF UNDER 24 HRS
Female	2	White		Nov.	.6,1896	88	YRS		
To BIRTHPLACE (5	TATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Virginia	- /	USA		WIDOW		WASHINGTO	TAT.		MC
IO CITY OR TOWN		11. NAME OF		G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR
William	sport		d Retiren		Center	(1YPE OF WORK FOR MOST O	WORKING LIFE)		
USUAL RESIDENCE	(IF NURSING HOME OF	OTHER INSTITUTION			CCITCCI	Clerk		I Gro	ocery
130 STATE	Na cour		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		99	GGG
Virginia	Loude	oun	Lovettsvi	ılle	YES X NO	Main St.	22080) //	11/
FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	1
Kenne	∋y (C	Chinn		Emma	Virgini	.a	Sond	ler
60 WAS DECEASED		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
no	(IF 165, GI	E WAR OR DATES)	230-20-7	7995	William R.Chi	nn/Purcelly	ille, V	/A.2213	32
THE CAUSE OF	DEATH (Enter or	ly one courser	line factor, (b), one	die				APPROX	MATE INTERVAL ONSET AND DEATH
PART I. DE	ATH WAS CAUSE	DBY. / 7	TINAN	2- 01	my shour	netast	20	- BOWNERS	Old SET HILD DE ALL
gove rise couse to , underlying		(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM			N IN PART 110	0
A STIDE ACCIDENT	OPERATION :	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
OR CONTRIBUTION	WAS UNDERLYING ON CAUSE OF DE	ATPI	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT OR PART 2)	
21d INJURY C	CCURRED	21e PLACE			21f LOCATION	CITY OR TO	WN	COUNTY	STATE
MILE AT WORK	NOT WHILE	(AI HOME SIN	EET FACTORY OFFICE F	ARM, EIC)	SINCE	1	0		orare.
220 I certify	that (this hosp deceased alive on ((we) (dwds(did no	4/2	7 19.5		nd that in (my) (our) opinion of	todeath occurred of the do	te and hour	. 0	that (1) (we) lost
226. SIGNATE		1	oner dedin.		DEGREE	- RESE		22c. DATE	SIGNED /
1/-1	Chin	LIM	witer	h 1	MA ATTENDING	MEDICAL STAF		1	1. G/FI
22d. PHYSICIA	N'S NAME I PE	OR PRINT)	0000	-	27e ADDRESS	POWECTOR PHISIC	AIN L	10/0	110
-5/1	BME	1 No	OVEN	57	EINF	-UNKS	town	V.1	no
23a. BURIAL, CREMA	ATION, REMOVAL	236 DATE	23c N	AME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	nation	May 29	,1985 Smi	thsb	irg Crematoriu				

DHMH - 16 60M 7/84 (VRA 15. 4)

TO FUNERAL DIRECTOR.

Major M.Osborne/Williamsport,MD 21795



oth. Page 4 may be

STATE OF MARYLAND

EDADTMENT OF HEALTH AND MENTAL WYCIENE

١	- STATE REGISTRAR	DEI ART	CERTIF	ICATE OF DEATH	REG. NO	o.		
	I. DECEASED NAME FIRST	MIDDLE	CI	AST TO THE REST OF	20. DATE OF DEATH	MONTH DAY	YEAR 85	2b. HOUR
	3. SEX White Females	White	5. DATE O	F BIRTH 1927	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	COUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DINEVER MARRIED DIVORCED	9 BALTIMORE CITY O		FDEATH	MI
	Hagerstown	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Cou	nty H		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOR MO	ON F WORKING LIFE)	126. KIND O INDUSTRY FLOW	er Shop
	SUAL RESIDENCE (IF NURSING HOME OR OTH 18. STATE 13b COUNTY Maryland Washi	ngton Boonsbo	M	13d. INSIDE CITY LIMITS? YES	13e.STREET ADDRESS /		217	13
-	Edward H	Smith		15. MOTHER'S MAIDEN NAME BEULA		C	line	JT.
	160 WAS DECEASED EVER IN U.S. ARMEINES, NO OR UNKNOWN) (# YES, GIVE W.			Charles F.	Clopper, Boo	onaboro	in St	21713
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Concarl in	e Hea	ent Failure			APPROX	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF	llitus				
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OPPS A CONSEQU	ENCE OF	Vascular E	useasi			
	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	inal disease or conf	DITION GIVEN	I IN PART 1	0
7	In accident was underlying	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
1	OR CONTRACTOR OF DE 1811	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART 2)	HAE
	WHIE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR auld be detached for the State Dept. of BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT

230. BURIAL, CREMATION, REMOVAL 5-29-85 Burial

22d PHYSICIAN'S NAME TYPE

23c. NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

5-10

DEGREE

22e ADDRESS

1825 Howell Rd., Hagerstown, Md.

and that in (my) (each opinion death occurred on the date and hour and from the causes stated

Boonsboro, Wash. Co. Md.

24 FUNERAL DIRECTOR

22b. SIGN

John H. Bast, Jr.

22a I certify that (I) (this hospital) attended the deceased from

sow the deceased alive an 5-26
obove, (1) (we) (did) (did not) view the body after death

Eric M. Wagshal, M. D.

Boonsboro, Md. 21713

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Davidson Randalle

, that (I) (we) last

22r. DATE SIGNED

ice yearlie, A. B. S. A.

R Proma

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TSS: . Ifra

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Maryland entarton Boonsooro X 120 C. Main St. 21713 .

A Prince

120 S. Mala BE.

215-22-8156 Charles F. Massur, Boompore, Ma. 21113

The street through the street

1825 Fovell as., Hagerstown, Hd. 21740 - 25-35 Suchabire Cemetery Suchaber, ed. c. M.

John M. Bert, dr. Boonsboro, Ma. 21713 Will de Mair

Inimi

STATE OF MARYLAND 143128 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MIDDLE Crowe MONTH 2b. HOUR J'eanette LITYPE OR PRINTS 85 7:20A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 18AR (PONTH 29AY Female White 67 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [Washington II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Celanese Factor WESTERN MARYLAND CENTER Hagerstwon USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. MOTE 13h COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Rt. 1 Box 27A Washington Mt Savage YES T NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE Plummer Henry Winebrenner Annie 166 SOCIAL SECURITY NO ADD 1545 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 218-16-3867 MRS. JOANN WHETSTONE MT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY Uremic encephalopathy Days IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Diabetic Nephropathy with peritoneal dialtsisYears Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Diabetes mellitus. NIDDM Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CVA with left hemiparesis and aphasia 20a AUTOPSY? 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220. certify that & (this hospital) attended the deceased from saw the deceased alive an and that in (my) NX) apinian death occurred on the date and hour and from the causes stated above, (1) (weXdid) (a6Xd), view the bady after death 221-SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL ATTENDING M.D. PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 1500 REPennsylvania Avenue th the Kyung S. Kim, Hagerstown, Md 21740 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY ALLEGANY

60 W. MAIN ST.

FROSTBURG

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15. 4)

DIVISION OF VITAL RECORDS.

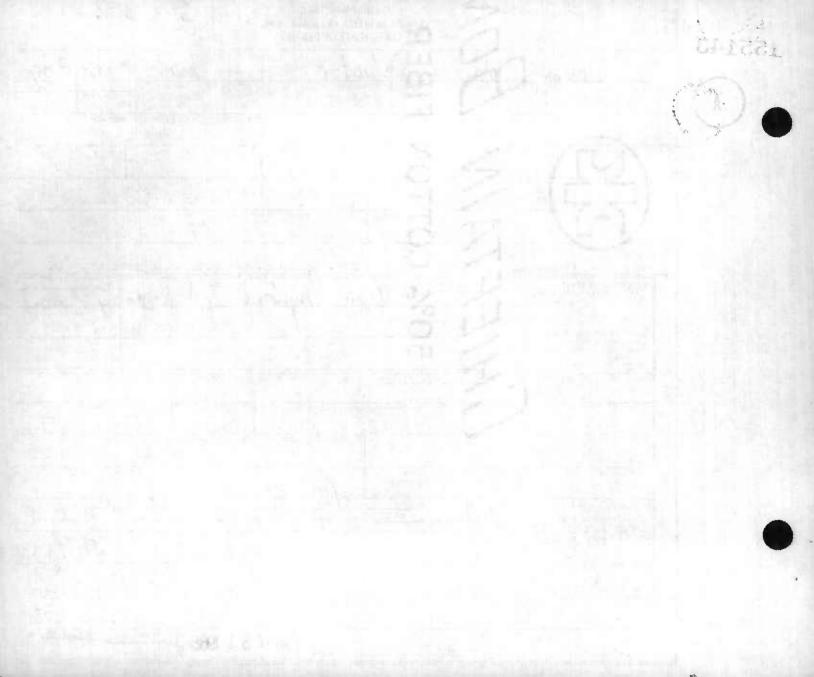
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STATE OF MAKILAND	day.
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	
CERTIFICATE OF DEATH	

	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		3 4 6	3 4
155143		CEASED NAME FIRST OR PRINT! DAVIC	/ 1.1	niddle 1ty	Dela	autor	2a. DATE OF DE	WOMPH 01	1985 3 OS D.M
A Mode 4 moo	1 SEX	male	4 RACE Whit	e	S. DATE O	st 13, 1928		56 YRS.	IF UNDER 1 YEAR IF UNDER 2 HRS.
deoth. Po	M	RTHPLACE (STATE OR FOREIGN aryland	U.S		MARRIE		□ Wa	shington	n _{MD.}
Is often	H	agerstown	Washin	gton Co	unty Ho	spital	120 USUAL OCCUP		12b. KIND OF BUSINESS OR INDUSTRY City Gov't
rn 24 hou y filled in pothet be	13a S M	aryland Wa	shington	Hagers	OWN	138. INSIDE CITY LIMITS?	711 Nort	S / ZIP CODE n Locust	Street 21740
pmpletel ond 2 s		John	WIDOLE	Delaut	7.7	Beulah	MIDDI	DRESS	Snyder
be executed on and camp		VAS DECEASED EVER IN U.S LES NO OR UNKNOWN) (1F YE Yes	ARMED FORCES?	166 SOCIAL SE 214-32		Mrs. Betty			estown, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH
s that the death certificated by the attending physical lease remove carbon paper iol, cremotion, or removal or other froumatic event, to		Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause lost	(b)	PR AS A CONSE	OUENCE OF	pre mys	1974 1974	Haypo	4/2/004
he low requires	CERTIFICATION	PART 2. OTHER SIGNIFICA	lone			NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
G PHYSICIAN I Total and a service of this certificate the buriol-transit ond Mentel Hygi ked on the first	MEDICAL CE	21g. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED NOT WHILE AT WORK ALWORK	F DEATH HOUR A	OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY OFFI	19	211. LOCATION STREET		NJURY IN ITEM 18 PAI	RT I ORPART 2) COUNTY STATE
ALOR ATTENDING the hospitol of the hospitol of the hospitol of the hospitol of Heolih it. If them 21 is more		22a.1 certify that (1) this h sow the deceased alivabout (1) we) (filld) (d.	on	125	9 35.0	DEGREE	MEDICALS	TAFF	9 that (1) (we) lost and from the couses stated
retoined by th TO FUNERAL should be deto with the Stote		220 PHYSICIAN NAME IT	YPE OF PRINT) BY	rull		PHYSICIAN 220 ADDRESS	Potomoc	Ave	Kagerskin
BP		URIAL, CREMATION, REMO	May 29			emetery or cremator awn Mem. Par	CITY OF LOWE	own, Was	sh., Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

> 74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Maryland 21740



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Ι.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	DECEASED NAME YPE OR PRINT)	Grac		ellaDodd	(AST	20. DATE OF D	DEATH MO		985	26. HOU!	
3. 5	SEX		4. RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHD		FUNDER TYEAR	IF UNDER	24 HRS
	female		whi	ite	Ma	r 13 1903	82		YRS.	DATS	HOURS	NY UNI
.70.	BIRTHPLACE (STATEORFO	RE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORI	E CITY OR		OF DEATH		
5	Clearspring	,Md.	USA		WIDOWE		Wash:	ingtor				MD.
10	CITY OR TOWN OF DEAT	н		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL O	CCUPATION		12b. KIND O	F BUSINE	SS OR
7	Hagerstown,	Md.				snital		ewife	OAKII4O (BE)	Ho	ne	
JJ 130	UAL RESIDENCE HENURSIN	IG HOME OR	other institution. NTY nington	GIVE RESIDENCE BEFORE 134. CITY OR TOWN WILLIAMS	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET AD			St. 2	1795	
14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		IAS	1	
	Franklin			Cloppe	r	Mary				Cart	augh	
160	(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		DV = 34	to.	
	no			184-22-0	845	Elmer C.Dodo	d (item	13 ab	ove)			
	18 CAUSE OF DEATH	(Enter on	ly one couse per							BETWEEN	MATE INTER	VAL DEATH
	PART I. DEATH WA		E CAUSE (o)	Respirato	ory f	ailure			75.1	May	14 19	985
	Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	ediote	(b) DUE TO, OF	AS A CONSEQUE	NCE OF	epalopathy the liver				May		1 85
4		FICANT (ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDIT	ION GIVE	N IN PART 10		
O N	Bleeding	gast	ric eros	ions. Ren	nal T	nsufficiency N WAS PERFORMED				1000		
CERTIFICATION	May 14 1			ric bleed		N WAS PERFORMED	200 AUTOP			WERE FINDING CAUSES		H?
MEDICAL CER	OR CONTRIBUTION CO	LUSE OF DEA	HOUR A./	M. MONTH DA M.	Y YEAR	none	RED (ENTER NATU	RE OF INJURY II	ITEM 18 PAR	RT I OR PART 2)		
MED	21d INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E 🗍	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA NONE	ARM ETC }	211. LOCATION STREET		CITY OR TOWN		COUNTY	SI	TATE
	22a, I certify that (I) (saw the deceased above, (I) (we) (di 22b, SIGNATURE	d) (did no	t) view the body	ofter death.	35	y 14 , 19.85 nd that in (my) (our) opinion DEGREE	, to May- death occurred			00		
1	France 22d PHYSICIAN'S NA		G. J	agran,	M	THISICIAIN	MEDICAL DIRECTOR		v 🗆	May	21 19	85_
			G. Japz	on,M.D.		1 045 E	. First stown, N	St. 1d. 21	740			
230	BURIAL, CREMATION, R	EMOVAL				emetery or crematory on Memorial Pa	23d LOCAT	RIOWN	rtWas	county	nMar	IATE

DHMH - 16 50M 4/B3 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

should be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to bi

KNNKKXX Major M. Osborne Williamsport, MD

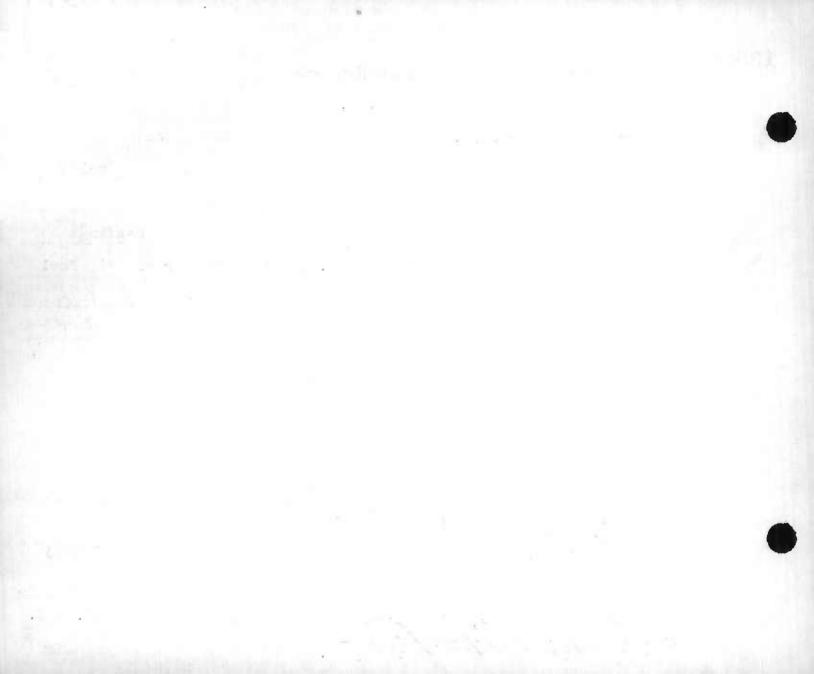
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STATE OF MARYLAND 157102 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN T MONTH 26 HOUR (TYPE OR PRINT) JOHN JOSEPH PATRICK DUFF DEATH MATED X MAY 10 10 85 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE Sept. 23 PRONOUNCED 194 MALE WHITE 10 85 6: 58P DEAD MAY 10 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X FOREIGN COUNTRY) U.S.A. MASSACHUSETTS DIVORCED WIDOWED _ IB CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) WASHINGTON COUNTY HOSPITAL ROOFER BUILD. CONST. HAGERSTOWN JSUAL RESIDENCE LIE IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL HAGERSTOWN MD. 13b. COUNTY 13d. INSIDE CITY HMITS? 13e STREET ADDRESS 13c CITY OR TOWN 21740 409 GEORGE ST. MARYLAND WASHINGTON HAGERSTOWN YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST NMI LAVELLE JAMES DUFF JULIA 166. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Marsy & Party 96. YES Mar. 28, 196 7. INFORMANT 16b. SOCIAL SECURITY NO 29 LANCASTER RD. JAMES DUFF DEDHUM MASS. 02026 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY N994 ELECTROCUTION ED AS A BURIAL - TRANSIT FER HEALTH AND MENTAL HYGEN CREMATION, OR REMO MMED. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING WHILE "GROUNDING"A REFRIGERATOR : JOEM MAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 214 INJURY OCCURRED (AT HOME. 21 LOCATION STREET, EACTORY, EARM, ETC I GEORGE STREET HAGERSTOWN WASH. MD. WHILE AT WORK AT HOME 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTORY AFTER DEATH Suicide Homicide Undetermined monner Accident TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EDWARD W. DITTO 111 .MD EXAMINER'S NAME W. WASHINGTON STREET HAGERSTOWN . MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY NEW CALVARY CEMETERY BOSTON SUFFOLK 07/84 25M 24. FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 615 E. MAIN ST. **DHMH - 17** (VR A15 ME (5)) ROBERT E. DAILEY & SON THURMONT MD. 21788

Of VAN X CORRESPONDE FATRE DESCRIPTION OF THE PARTY O To District the second MOTA HOLE A CONTRACTOR BUILDING OF THE STATE OF ON AND TALL OF THE PROPERTY OF THE PARTY OF U. III CTTIU. HUAWOS DOWN 1-900 . ASTEMBER THE STREET ASSESSED.



5 135516	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGHENE	8 5
100010	1	- STATE REGISTRAR MIRCEA ENCIU CERTIFICATE OF DEATH REG. NO.	
ay be oge 3 death		PECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
may pool	3 8	S. DATE OF BIRTH MONUM DAY YEAR (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 4 HRS
age a		MAGIN W 123 09 16 YRS.	
A 25 A	70	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
4-	10	WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	MD. 126 KIND OF BUSINESS OR
5 / 0 / 1	7	14B/T	(ARY) TENIL
ND 212	5 US	UAL RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP COUNTY 137 CITY OR TOWN 138 INSIDE CITY LIMITS?	E 21122
EYLA	14.	FATHER'S NAME FIRST MIDDLE HAST MIDDLE MIDDLE MIDDLE	IAST A to
AM by day	0	ANGIL ICNOIL ANA TI	This by
TIMORE De sesson Poges	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS 106. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	SPRING M
BALT core core copera c		18 CAUSE OF DEATH (Enter only one cause per life) (a), (b) and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VST.		IMMEDIATE CAUSE (0)	
PRESTON he death the ottendise emove cort mation, or		Canditions, if any, which	
		gave rise to immediate cause IoI, stating the DUE TO, OR AS A CONSEQUENCE OF	
201 W.		underlying cause last (c)	
ORDS, 7	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	VEN IN PART Tro
Da wo	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
VITAL R NYSICION. ICOTE hos ronsit pe Hygiene 18 shows	1 =	YES NO Y	ES NO
DF VII	19	LOS CONTRIBUTIONS CONTRIBUTION OF DESTRICT HOUR A.M. MONTH DAY YEAR	PART I OR PART 2)
HYSK ding ding ding Men or fte	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY 14 HOME STORE FACIORY OFFICE FARM FICE 217 CITY OF TOWN	COUNTY STATE
NG Ph otten fter th os the h and arked a	*	AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	3,3,0
a see a		17 I certify that (i) this hospital previous the account from	, 19, that (I) (we) lost
A H D O D		above, ill (w/f) did did not view the body after death. DEGREE	22c. DATE SIGNED
TAL Or y the XAL DI detach		ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN	6-5-85,
HOSPI sined b FUNE buld be	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) E. R. LEWOLZAPAN JR DWW PROJECTION	Logist M.
Short of the short	230	BURIAL, CREMATION, REMOVAL 236 DAZE 231 CAME OF CHARGE OF 23d LOCATION CHARGE OF CHARG	OHNITY STATE
BP	200	ISURING VIBY 11, & TENNONITE CHIEREPRI	V6 WASH. 170
DHMH - 16 60M 7/84 (VRA 15, 4)		TUNERAL DIRECTOR ALL EL THOUSENERS DATE RECD. BY REGISTRAR 256 REGISTRAR	TRAR'S SIGNATURE
(**************************************		TUITS IN TONION TONION MAISO SON TONION	

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

LAST

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Md. 21740

REG. NO 2a DATE OF DEATH 2b. HOUR AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR HOURS

TYPE OR PRINTI Winifred Mona Everhart 5. DATE OF BIRTH 3. SEX 4. RACE HINOM Female White 6 10. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED

U.S.A.

YEAR 24

DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH

60

Washington

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Legal Secretary The man applies to vil and 21740

Washington USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
13b COUNTY
13c CITY OR TOWN Md. Washington 14. FATHER'S NAME

REGISTRAR

Australia

10. CITY OR TOWN OF DEATH

I. DECEASED NAME

MIDDLE

Linden

545 Dual Highway,

YES X IS MOTHER'S MAIDEN NAME Lilv

NO [

13d. INSIDE CITY LIMITS?

1545 Dual Louise

Highway Hagers-Young

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Charles 169 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

FIRST

(IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO

Hagerstown

Maryland 21740 Hagerstown Perhart 154

18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o

Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

21d. INJURY OCCURRED

P.M.

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

190 DATE OF OPERATION

AT WORK

CERTIFICATION

710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

YEAR

19 211. LOCATION

STREET

NON

CITY OF TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)

COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive and above_(1) (we) (did-1 did not) and that in (my) (our) apinian death occurred an the date and have and from the causes stated DEGREE

ICIAN'S NAME (TYPE OR PRINT)

22s. ADDRESS

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN

23e. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

May 16, 85 Resthaven Mem.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Gds. Frederick

Md.

24. FUNERAL DIRECTOR Frederick, Maryland 21701 Douglas Stauffer 1621 Opossumtown

DHMH - 16 50M 4/83 (VRA 15, 4)

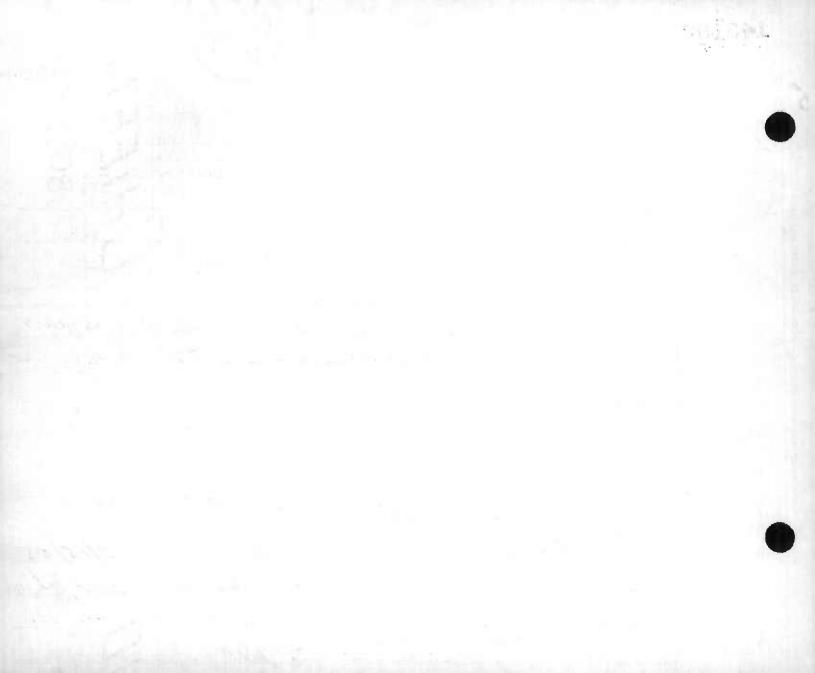
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DIVISION OF VIT



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPARTMENT OF HEALTH AND MENTA			STA	TE	OF M	ARYL	AND	
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HYGIENE

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	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTACHYG ICATE OF DEATH		REG. NO.	4 0	0		
	1. DEG	CEAŞED NAME FIR: OR PRINT) Ha	ırry	Detrow		ERGUSON	20. DATE OF D	Ly 11, 1		YEAR	2b HOL	jr M
	3. SEX	male	4. RACE	ite	S. DATE O	DAY WEAR	6. AGE (IN YEAR		MONTHS S.	DAYS	IF UNDER	MIN,
5		RTHPLACE (STATE OR FOREIG COUNTRY) Land		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED		city <u>or</u> cour Vashingt		ATH		MD.
1	2	or town of Death	(IF NOT IN SU	Rt 3	ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FO	CUPATION PRIMOST OF WORKING LIAN	12b. I INDI	SCI	f BUSINI	ESS OR
5	13a. S	AL RESIDENCE (IF NURSING HE TATE Md. 136	OME OR OTHER INSTITUTION	Smiths bu		13d. INSIDE CITY LIMITS? YES NO 🛣	Rt 3	DRESS / ZIP CO	ODE 4	21	783	
10	A FA	THER'S NAME FIRST George	MIDDLE	Ferguso	n	15. MOTHER'S MAIDEN NA Na nnie		Mae		De t		
/		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	A705-10-		Mrs. Idella	M. Fergi	address ason S	m1ths		g, Md.	
	NC		bite he DUE TO, (c)	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DR CONDITION	GIVEN IN P	'ART 1cc	· · ·	
2	CERTIFICATION	19a DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	SY? 206. IF	YES, WERE RTIFYING C YES []	FINDIN	OF DEA	TH?
1		21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR (AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN TIEM	18 PART) OR F	'ART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	211. LOCATION STREET		CITY OR IOWN	COU	NTY		STATE
		22a.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (ive on	19	, o	nd that in (my) (our) opinion DEGREE	death occurred	on the date and		om the	that (I) (causes st	toted
,_		224 POWSK IAN STAME	4 Ste	van B.	s		MEDICAL DIRECTOR	STAFF PHYSICIAN	(5	5-13	5-85	5
		Joseph H	Stewart	D.O	•	485. and					PA 1	1726
	23a. E	BURIAL, CREMATION, REM	OVAL PARTY	, 1985 13'S	miths	burg Cemetery	Smir	the burg,	Wash	Md.		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Funeral Home

Smiths burg, Md.

1985

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE LARE

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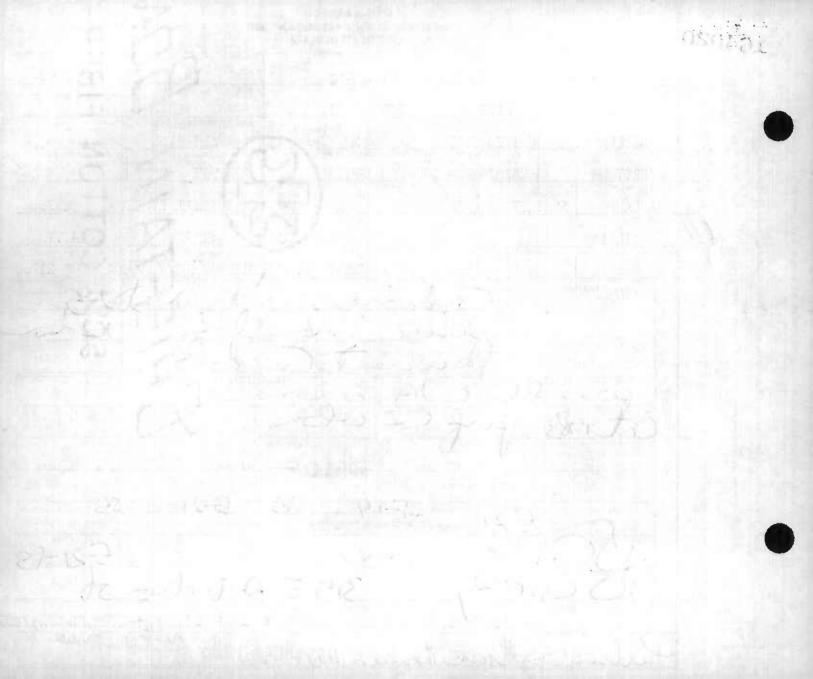
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14 14 14

DHMH - 16 60M 7/84 A (VRA 15, 4)

STATE OF MARYLAND

64020	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTALHY CERTIFICATE OF DEATH	GIÈNE 15 -,	8 9
Orkown	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
poge 3	(TYP	EORPRINT) LILLIE	ELMIRA	Fleegle	MAY 2	1 85 2:45Pm
frer d	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
cto s o		FEMALE	WHITE	OCTOBER 13, 1900	84 yrs	OF DE ATH
The state of	1	IRTHPLACE STATE OR FOREIGN COUNTRY) TAINCULUM NATA	UNITED STATES	MARRIED NEVER MARRIED WIDOWED TO	9 BALTIMORE CITY OR COUNTY WASHINGTON	OFDEATH
11 25	PENNSYLVA 10 CITY OR TOWN C		11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
11 77		GERSTOWN	(IF NOT IN SUCH FACILITY, GIVE STR WASHINGTON COL	JNTY HOSPITAL	TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
11 %	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU LRYLAND WASH	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c CITY OR TO HANCOC	OWN \$ 134. INSIDE CITY LIMITS?	36 PARRELL STRE	ET 21750
15011		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
XIC	4	WILLIAM WAS DECEASED EVER IN U.S. AI	RAY	REBBECCA CURITY NO. 17 INFORMANT	ELLEN	BEATTY
			ve war or dates) 214 28		Rt.1ºBox 2 EEGLE HANCOCK, M	ARYLAND 21/5
physic poope novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	ond icit	en, el	APPROXIMATE INTERVAL BEAVEEN ODMET AND DEATH
corbon , or rer		IMMEDIA	DUE TO, OF AS A CONSEC	DUENCE OF	.0)	122
move motion troum		Conditions, if ony, which gove rise to immediate	16) gere	re mo	1	12.00
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Then pl	NOI	PART 2 OTHER SIGNIFICANT	ONLOWS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	minal disease or condition giv	EN IN PART ITO
hos bee r permit.	CERTIFICATION	THE DATOP OPERATION	Perf W	PROPERATION WAS PERFORMED	706. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
physicing tronsitions of Hygin ship		21g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	and the second s	DAY YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
ding buriol Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211. LOCATION		
otten ter th s the n ond rked?	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E EARM ETC) STREET	CITY OR TOWN	COUNTY STATE
Ol or Use o Heolth			nital arrended the deceosed from	7.	10-5-21	19 that (we) lost
RECTO ned for spt of sem 21		saw the de eosed olive of district the win of the did no The SIGN VIB	w the body after death.	DEGREE	death occurred on the date and hou	22r, DATE SIGNED
the tal Didetock of Defock		1903	Le		MEDICAL STAFF DIRECTOR PHYSICIAN	5-21-90
orned by the State of the State PORTANT:		224 Participation NAME THE	TO THE	27e ADDRESS	not to	6
should by with the	73o	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	C. NAME OF CEMETERY OR CREMATORY	123d LOCATION	- 10
3P		BURIAL		JCK VALLEY CHRISTIA	5 12 1 00 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ULTON, PENNA 17
	21 F	UNERAL DIRECTOR		250 DA	TE REC'D. BY REGISTRANT 150. REGIST	RAR'S SIGNATULE OF



DHMH - 16 50M 4/83 (VRA 15, 4) burial

415 E. Wilson Blvd. Hagerstown

UNERAL HOME Hagerstown, Md. 21740

May 16,1985

Rose Hill Cemetery

ery Hagerstown, Wash., Maryland

Date REC'D. By REGISTRAR 25b. REGISTRAR'S SIGNATURE

20 1985

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Jerill Jailin prodeforodera . Anshaor BUY Creatic brain Disease; Dilateral Ustarracta; amonyseme 9.101 SHOA 27 - 65 48,7 2 = S 42.8 5-3-85 .U. LIVIZION AVENUE : LAPETS TOWN, .U. William W. . ern The Chart a Characage growth of the Cart o but throughbald cool facear hosenosit

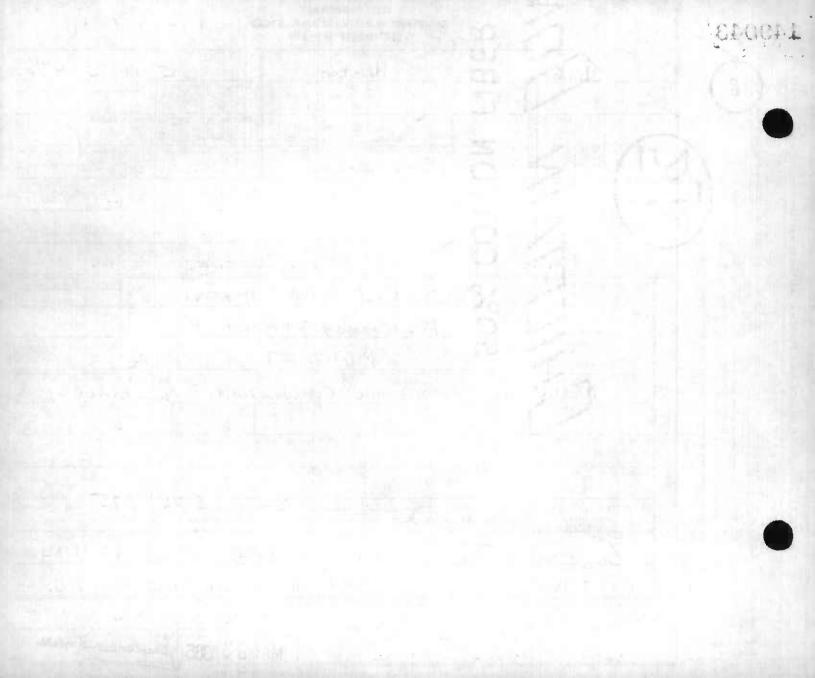
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 148113 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME 2b HOUR TYPE OR PRINTS 1985 Nellie Mais AGE IN YEARS LAST BIRTHDAY IF UNDER TYEAR 5 DATE OF BIRTS IF UNDER 24 HRS MONTH White Female 1907 78 April To. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Penna. U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Williamsport Nursing Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Frederick Sabillasville 17223 Sabillasville Rd. Maryland YES T NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nora McClain William F. Tressler ADDR 17223 Sabillasvilae Rd 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17. INFORMANT Mr. Albert G. Harbaugh Sabillasville, Md21780 264-40-9422 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: arrest ardio - resp. IMMEDIATE CAUSE (o DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Ca. COLON gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE to may 18 19 85 220.1 certify that (1) (this hospital) attended the deceased from Mar-19.85 age the deceased alive on MOLA 9

above, (I) (wa) relief (did not) view the body after death and that in (my) (eur) apinion death occurred on the date and hour and from the causes stated 276 SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5/18/1985 FUNERAL uld be deto MPORTANT 724 PHYSICIAN'S NAME (THE OR PRINT) 22e. ADDRESS 16220 Frederick Road John R. Melnick Gaithersburg, Maryland 20760 0 231. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFBurial Franklin 5/21/1985 Green Hill Cemetery Waynesbero 50 5. Broad St. 25 PATE REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 fulia Davidson-Handale Waynesboro. Pa. David Y (VRA 15, 4)

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STATE OF MARYLAND

149043	1.	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. NO.	9 4	
6			FIRST		Leroy	H.	2iston	5 1	9 85	2b HOUR 4 PM
	ma	ale		whit		Ju		66 YRS.	MONTHS DAYS	HOURS MIN.
O O O O O O O O O O O O O O O O O O O	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH Hagerstown			USA	WHAT COUNTRY	MARRIE		l Wachington		MD.
ofter of the fit is ofter of the fit is ofter of the fit is often				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital			12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) THE MANAGER 12b KIND OF BUSINESS OF INDUSTRY STOTAGE			
AND 212	130 5	-			13c CITY OR TO Hagers	WN	13d INSIDE CITY LIMITS? YES AND	130 STREET ADDRESS / ZIP CODE	7e.	21740
MARYL, mpletely and 2 st				Meistor	n (AST		15 MOTHER'S MAIDEN NA Lilly	ME Mapple	Gâ	llion
IMORE,	16a V	VAS DECEASED EVER I	W.W	E WARDR DATES)	217-16	-2749		ADDRESS iston, Hagerstown	ı, Md.	
of the state of th		18 CAUSE OF DEATH PART I. DEATH WA	LEnter on AS CAUSE	lly one couse per D BY. TE CAUSE (a)	Ine for (a), (b), a	ORES	spinsonx	AMEST	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
that the death cert that the death cert I by the ottending sosts remove carbon of cremation, arre- r other traumatic er		Conditions, if any, gove rise to imm couse (a), stating underlying cause	which ediote	DUE TO, O		LMO	hung FIR		2	
RECORDS, 20. n. nas been signe permit. Then pl ne prior to burry was ony injury, 6.	CERTIFICATION	PART 2 OTHER SIGN M 5 190 DATE OF OPERAT	MS	MATIC	Tromal	nom		200 AUTOPSY? 206. IF YES	BUADE, WERE FINDING CAUSES	NGS USED OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion that this certificate his os the buriol-transit pit and Mental Hygien and Mental Hygien arked or tem 18 shaw and or tem 18 shaw and or tem 18 shaw and or tem 18 shaw	MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUT	AUSE OF DEA	HOUR A. P. 21e PLACE	M. MONTH I M. OF INJURY	DAY YEAR	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART 2)	NO []
ENDING PH col or other to so the the ruse os the Health and	WE	WHILE NOT WHI AT WORK 22a certify that (I) (saw the decease	this hospi	tal) ottended th	e desposed from	V 2	STREET 19.82	CITY OR TOWN		that (I) (we) lost
TO HOSPITAL OR ATT		22b. SIGNATUH	d) (did no	ti view the bady	after death.	, 01	DEGREE ATTENDING PHYSICIAN D 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5. 2	SIGNED 1. 85
TO HO TO FI should with t		URIAL, CREMATION, R	EMOVAL	23b DATE			EMETERY OR CREMATORY	FARSH DMB 1		
BP	24 FU	Irial INERAL DIRECTOR	M	May 22 INNICH	FUNERAL	HOME	aven Cemetery			
DHMH - 16 60M 7/84 (VRA 15, 4)	4	15 E. Wilso	n B1	vd., Ha	gerstown	, Md.	21740 MA	FREC'D. BY REGISTRAR 251. REGIST	evidson-1	anacoc.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIEND CERTIFICATE OF DEATH

0	-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL WYG ICATE OF DEATH	100	5, NO.	1 9 5	
		ASED NAME FIRST		MIDDLE		ist.	20. DATE OF DEAT	H MONTH	DAY YEAR 27 - 85	26 HOUR
)[SEX	Edga lale	4 RACE Whit	е	S. DATE O		6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 2-
22	Wa.	HPLACE (STATE OR FOREIGN UNTRY) Sh. Co., Md.	U. S		WIDOWE		9. BALTIMORE CITY OR COUNTY OF DEATH			
19	Hag	or town of Death erstown	Wash	ington Co	unity i	ROTHER INSTITUTION COSPITAL	Construction Super	ion working Li	126 KIND O	
	Ma.	ryland Wa	AE OR OTHER INSTITUTION OUNTY Shington	13t. CITY OR TOW Boonsbor	N	136 INSIDE CITY LIMITS? YES NO 🛣	Rfd. 1	ss / zip copi	2171	13
10		Frederick	WIDDIE	Henson		IS. MOTHER'S MAIDEN NA. Lottie	MIDDI		Pater	-
		AS DECEASED EVER IN U.S. 5. NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES)	214-09-		Mrs. Mary H	. Henson,	Rid. 1 Boonsbo	Box 248	217
′ [8 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse pe USED BY	er line for to i, (b), on	dic	tuned aneur			APPROXI	MATE INTERVI
NC		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	VEN IN PART 110	
1/3	CALIC	Ch.	196 CONE	STAUCT LUC	OPERATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
1 1	CEKTIPIC	Qa DATE OF OPERATION Pla. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	216. TIME (OF INJURY A.M. MONTH DA	OPERATION		200 AUTOPSY?	20b. IF YES	FYING CAUSES	
X G G G G G G G G G G G G G G G G G G G	EDICAL	PO DATE OF OPERATION PO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHERR NOTIFY MEDICAL EXA- TITED IN JURY OCCURRED	FDEATH WINER) 21b. TIME (HOUR A	OF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO[RED (ENTER NATURE OF	20b. IF YES	FYING CAUSES	OF DEATH
-/ /	MEDICAL	PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CO (IF EITHER NOT IF MEDICAL EXA- ITING NOT WHITE CAUSE OF CONTRIBUTION COURSED WHITE NOT WHITE CAUSE AT WORK 20 L certify that (1) (this is sow the deceased ally obove. (1) went didn't 278. SIGNATURE	21b. TIME (F DEATH HOUR A MINER) 21e. PLACE (AT MOME S Dospitol) attended t and view the bod 22	OF INJURY A.M. MONTH DA P.M. E OF INJURY IREE1, FACTORY, OFFICE F the deceosed from y ofter death.	AY YEAR 19	216 HOW INJURY OCCURI 216 LOCATION STREET 19 BO d that in my low-opinion	200 AUTOPSY? YES NO	20b. IF YELL IN CERTIFY YELL INJURY IN ITEM IB ITEM ITEM IB ITEM ITEM ITEM ITEM ITEM ITEM ITEM ITEM	COUNTY 19 8 120 and from the country 276. DATE	NO SI

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Presidic Reason South

214-09-3787 Mrs. Maty H. Hedsca. Boonsoor, Mr. 27715

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Suricl 5-10-85 Lener Courtery Tlgimenton, ash. Co., Ma.

John S. Seer, dr. Boomeboro, Maryland 20115

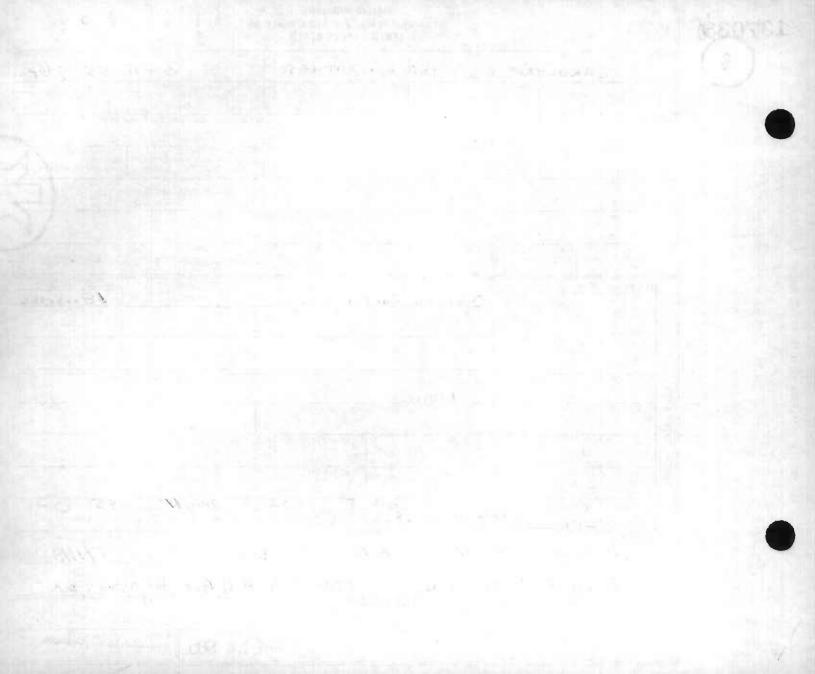
37038	FOR STATE REGISTRAR	
	KEGISTKAK	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH

15496

REGISTRA	2			CENTII	ICATE OF DEATH	REG. N	O.			
DECEASED NAM	ME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONIH	DAY YEAR	2b. HO	UR
(TIPE OR PRINT)	CAROLY	N Wa	re Her	CHE	NROTHER		5-	11-95	- 9-	40PM
1. SEX	E7+ 50	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEA		Chilban
fema	ale	whi	te	Marc	ch 4, 1924	6:	l yrs	MONTHS DAY	S HOURS	MIN.
BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
Maryland	1	U.S.A		WIDOW		Wash:	ingto	n		MD
CITY OR TOW			HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		128 KIND	OF BUSIN	IESS OR
Hagersto	own	Washin	gton Cour	ity He	ospital	secretary	JF WORKING I	offic	e eq	uipm
USUAL RESIDENCE 130. STATE Maryland	13b COUNTY Wash	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO X	Route 2,	ZIP COD	58 2	1783	
4 FATHER'S NAM	-	MIDDLE	Ware	148	15 MOTHER'S MAIDEN NAM Mamilia				LAST	
YES NOOR UNK	SED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	Mr. William C	. Hershenr		, Smitl	nsbur	g, M
18 CAUSE	OF DEATH (Enter on	ly one couse per	line for (o), (b), one	d (c).)				APPRO	DXIMATE INT	ERVAL
PART I.	DEATH WAS CAUSE	D BY	Ovarian		cinoma				9 mo	
			R AS A CONSEQUE							
PART 2 OT		(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART	lia	
190 DATE O	FOPERATION	19b. COND	None		ON WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USE	ED TH2
E .						YES NOW		ES [NO [
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF DEA	HOUR A.	DF INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB	PART I OR PART 2		
W.	OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY		STATE
saw th above,	y that (I)(this haspi ie deceased alive on (I)(we) (did)(did no	9	4.4	nor 35	nd that in (my) our) opinion o	to <u>may</u>	ate and ha	19 <u>. 85</u> our and from th	tha the couses s	,
	ichard		ritt,	M		MEDICAL STA	FF CIAN []	22c. DA	TE SIGNED	,
	nard E		, M.R		1708 Oalc	Hill Ave	, Has	erstown	, md	
(SPECIFY) bu		May 1	5,1985 Re		ven Cemetery	23d LOCATION CITY OF TOWN Hagerstow	n, Wa	ashingt	on, M	то :
I. FUNERAL DIRE	LITIMIA		ERAL HOME		250 DATE	REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGN	ATUREdai	
15 East	Wilson B	lvd., Ha	gerstown,	Mary	land 21740 WIA	Y 1 4 1985	/		•	

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH

134576 FOR DEPARTMENT OF HEALTH AND MENTALBYGIENE 5	497								
- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MON	10 110011								
Franken Joseph Herrmann Jr. May	5, 1985 1106								
4 RACE S. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHA	Y) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.								
white April 21, 1924 61	YRS								
70 BIRTHPLACE (STATE OR FOREIGN 10 CITIZEN OF WHAT COUNTRY? 8 MARRIED → NEVER MARRIED □ 9 BALTIMORE CITY OR CO	OUNTY OF DEATH								
Maryland USA WIDOWED DIVORCED Washington	THE.								
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Vashington County Hospital postal serv:									
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)									
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZII 136. STREE	ah Avenue 21740								
14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	7241								
Franklin J. Herrmann Sr. Mary L.	Thurston								
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)									
Yes Army WWII 217-16-2595 Mrs. Sarah Herrmann, Hag									
IB. CAUSE OF DEATH : Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
IMMEDIATE CAUSE (a) Condio - Respirating Arnost									
DUE TO, OR AS A CONSEQUENCE OF	120 L. L.								
Conditions, if any, which gove rise to immediate cause iol, stating the	04.61.07								
underlying cause last DUE TO, OR AS A CONSEQUENCE OF	West o men - 148								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
The residual to the second sec									
	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?								
	YES NO								
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	ITEM 18 PART I OR PART 2)								
IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OF TOWN									
WHILE NOT WHILE ALWORK ALWORK ALWORK	COUNTY STATE								
220 certify that (I) (this hospital alreaded the deceased from 19 to May 5	19 1981 that (I) (we) last								
saw the deceased alive an above, (1) (we) (did) (did not view the body after death.	and have and from the causes stated								
DEGREE DEGREE	224 DATE SIGNED								
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1 6 May 2)								
226 PHYSICIAN'S NAME () 270 ADDRESS	that I !								
House of W. H. Lerger 138 E. Justoden 24 K	go trus sporm (X)								
BP BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOPTOWN Hagerstown	OUNTY M STATE								
present and property of the pr									
DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256.	, Wash., Maryland								



full retor, page 3 four ofter death

STATE OF MARYLAND

	SIMIL	01	2000	MILLE	3.4 49
EPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CE	RTIFI	CATI	OF	DEATH	

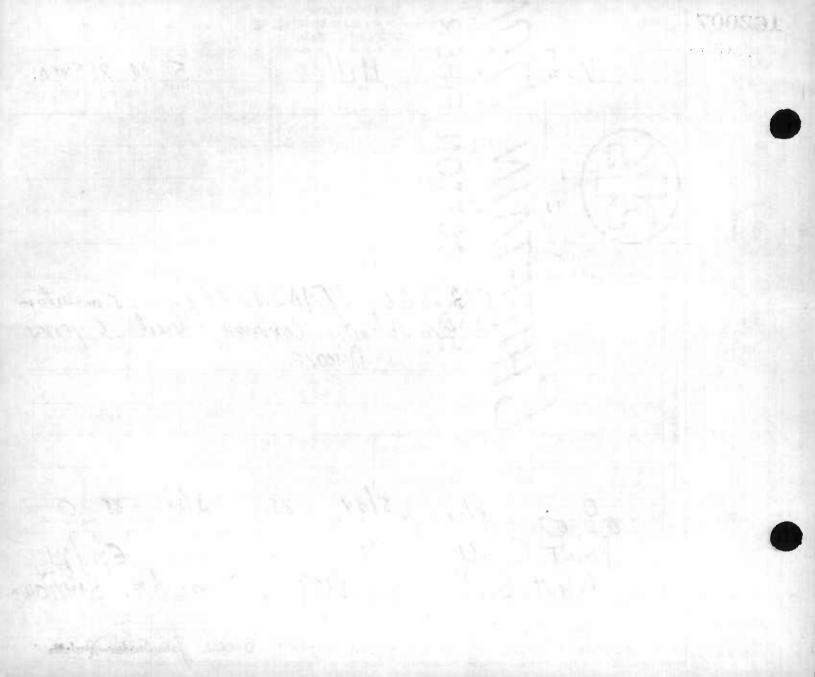
1	5	2	7	5

1	1 -	STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO	D.			
		CEASED NAME OR PRINT)	FIRST I'A OM		R		Hill	2a. DATE OF DEATH	5 30	NEAR ST	5:00 A.	M
1	3 SE)		4	RACE		S. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER TYEAR	IF UNDER 24 HRS HOURS MIN.	_
d		female		whit	e	March	h 29, 1904	81				
١	7a BII	RTHPLACE ISTATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
4		laryland		U.S.	Α.	WIDOWI		Washingt	on		M	D.
7	10 C1	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND C	F BUSINESS O	R
7		agerstown		Washin	gton Cour	ity Ho	ospital	housewife	r working (#E)	INDUSTRI	185	
2	13a S M	aryland	136 COUNT	ther institution Y Ington	13c. CITY OR TOW Hagestov	'N	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 2 Brightwo	ZIP CODE	1e 21	740	
9	14. FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	1	
4		J. Fran	k		Roessne	er	Vinona		Thu			
1		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
1	(4	no	(IF TES, GIVE	WAR OR DATES)	219-20-3	3227-I	Dr. Robert H	lill, Hagers	town, M	faryla	ind	
1		18 CAUSE OF DEATH	H (Enter only	ane cause per	•		^	1 10	1		MATE INTERVAL	=
1		PART I. DEATH W.	AS CAUSED	BY:	CAA DI	AI	STAN!	11////		FIA	14.75	-
H			IMMEDIATE			74.	1 1/11/		1 1	V - P	- Trans	-
		Conditions if you	b.t.ab	DUE TO, O	AS A CONSEQUE	ENCE OF	out CAN	MANUAL VI	andol	1	VONIE	,
ı		Conditions, if any, gave rise to imm	rediate	(p)—	1010	VU	Part Cor	00.00	Popul		Trave	_
J		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQUE	ENCE OF	DISCO.CD		1200			
		DART O OTHER SIGN	UE C A A A C C	(c)		25 - 71 - 21 - 21	Miscor					=
	Z O	PART 2 OTHER SIGN	AIFICANT CC	NDITIONS <u>CC</u>	DNIKIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DIHON GIVEN	IN PART III		
	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W			
7	LIFIC			1				YES T NOT	IN CERTIFYIN		OF DEATH?	
	2	21a ACCIDENT WAS UND	ERLYING	21b. TIME O			21c. HOW INJURY OCCURR		_	_		-
7		OR CONTRIBUTING C			M. MONTH D							
	MEDICAL	(IF EITHER NOTIFY MEDIC		P. 21e. PLACE		19	211 LOCATION					-
1	ME	WHILE I NOT WH			REET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
				D 11 1 1 1 1	1/ 1/	-	VAIL DI		20	W	. 0	_
		220 I certify that (1)	d alive	I) attended th	5 14 19	DE .	nd that in (ny) (our) opinian o	death accurred on the do	ite and hour on	d from the	couses stated	51
		obave (Ulwe) (d	lid) (Id not	view the bady	atter death.	• •	DEGREE			Dr. DAZ	CATHER	-
		RM	Let.	RM	M	1	ATTENDING	MIDICAL STAT		6/	101	
		224 PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	11	-	We ADDRESS	A. 1	1	(,	104	
-	73c P	SURIAL, CREMATION,	ObeV	23b. DATE	VIL	IAME OF C	EMETERY OR CREMATORY	TO OMA	The	N	0984510	WV
	4	burial	KEMOVAL				aven Cemetery	Hagerstow	n. Wash	Mar	vland	
		JNERAL DIRECTOR M	TNNTCH					E REC'D BY REGISTRAR	254 PECHETRAN	S SECALAL	Jeana	_
		5 East Wil				,Mary	land 2174	6 1985	Julia Davi	don-A	ingleste.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the othernding physician should be detacked for use as the burial-transit permit. Then please remove carbon papers, with the Store Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the



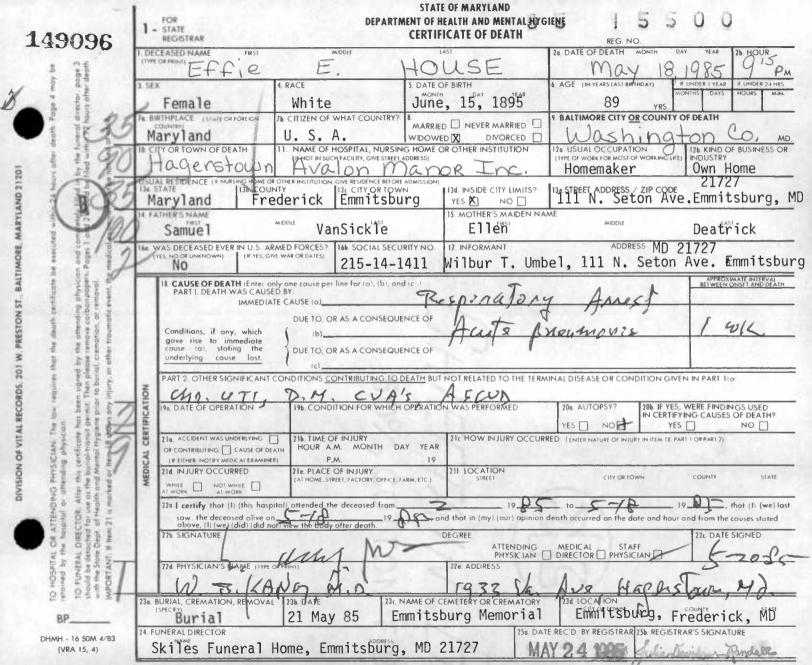
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	REGISTRAR		CER	IFICATE OF DEATH	REG. NO.	
1		RST /	AIDDI E	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
ı	(TYPE OR PRINT)	hn a	21/00	HITESHUE	05-06-1	985 5335M
ı	3. SEX	4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
	M.	whit		gust 3, 1924	60 _{YRS.}	NTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8.	RIED RIED REVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
	Pennsylvania	US.		WED DIVORCED	Washington	MD.
/	Hagerstwon	(IF NOT IN SUC	HOSPITAL, NURSING HOM H FACILITY, GIVE STREET ADDRESS) RN MARYLAND C	ENTER	(TYPE OF WORK FOR MOST OF WORKING LIFE) machine oper.	176. KIND OF BUSINESS OR INDUSTRY truck mfg.
7	USUAL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	(13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
2		Washington	Hagerstown	YES X NO	11 Clinton Av	e. 21740
1	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	Frank	В.	Hiteshue	Ethelyn	E.	Cowan
٦	160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO	D. 17. INFORMANT	ADDRESS	
		if yes, give war or dates) Army	181-18-7554	Irene Hites	shue, Hagerstown,	
	18 CAUSE OF DEATH (I PART I, DEATH WAS	Enter only one cause per	line for (o), (b), and (c).	20	1 1 deilini	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		MEDIATE CAUSE (0)	1) Caron	O KASpira	my facus	source.
		DUE TO, O	AS A CONSEQUENCE O	11.+ 1+1	+ 1	0/ 10716
	Conditions, if ony, w		20	198 as lan	LO CRICIMONI	0/ 19/4
1	couse (a), stating		R AS A CONSEQUENCE O	colon.	•	
1		(c)				
1		ICANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART Ito:
7	190 DATE OF OPERATIO	N 19b COND	TION FOR WHICH OPERA	TION WAS PERFORMED		WERE FINDINGS USED
	THE STATE OF THE S				YES YES YES	NG CAUSES OF DEATH?
7	710. ACCIDENT WAS UNDERL	440440		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART ?)
4	OR CONTRIBUTING CAU	SE OF DEATH	M. MONTH DAY YE	9		
П	OR CONTRIBUTING CAU	21e. PLACE		211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE	[AT HOME. ST	EET, FACTORY, OFFICE, FARM, ETC		-1.100	<u></u>
	22a I certify that (K (Ih	is hospital) attended th	decembed from 3	15/24, 19		that X (ye) lost
	sow the deceased obove, (I) (Max (dud)	alive on 5	diter death. 1985	, and that in (my) 🂥) opinion	death occurred on the date and hour o	nd from the couses stated
	22b. SIGNATURE	•		DEGREE		221. DATE SIGNED
	Mila	ne mu	2010	MID . PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/85
	224. PHYSICIAN'S NAMI	E (TYPE OR PRINT)		22e ADDRESS		
	230 BURIAL, CREMATION, REA			F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	burial	May 9		Lawn Mem.Park	Hagerstown, Was	h., Md.
	NAME	MINNICH FUN	ADDRESS	MAN	TERECO, BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
	415 E. Wilso	n Blvd., Ha	gerstown, Md	. 21740	- INS RECO Gulie Van	idna Prilities .

DHMH - 16 50M 4/83 (VRA 15, 4)





Startes Light - 1. S. S. House Startes Sale Called Andrew Son Sale Called Ca . Land of the second of the se 48V and Saute months indone a conserved moneyor.

injury, or other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.				
		CEASED NAME	FIRST	1 2 3 4 1	MIDDLE		LAST	20. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR	Ī
ø	,		Maude	2	NMN	Hu	tzell		5	4	85	7:12P A	N
	3. SE>	(4. RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER 24 HRS	_
	, 1	Female		White	е	De	c. 29,1888°	96	YRS		JA. 5	NING.	
5		RTHPLACE ISTATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DE	ATH		1
5	Z	ittlestown	1, Md.	U. S	. A.	WIDOWI	ED DIVORCED	Washi	ngton			MD	0
1		TY OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCC				F BUSINESS OR	_
1	Ro	onsboro			s Memori		ma	Housek	emost of working			Home	
1 9	USUA	AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		Line CYDEST ADD	DECC				-
3		aryland	Wash	ington	Boonsbo		YES NO TE	Rfd. 3	KESS	21	1713		
11	14. FA	THER'S NAME					15. MOTHER'S MAIDEN N						_
6		Martin	ı L	uther	Hutzell		Cather	ine [~]	IDDLE]	Ford	T	
1	160 V	VAS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS.		x 23		1
	N	(ES. NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-34-2	279	Margaret V.	Miller,	Boons				
		18. CAUSE OF DEA	TH (Enter on	ly one couse per	line far (a), (b), an	nd (c).)	<u> </u>	-	1000110			MATE INTERVAL ONSET AND DEATH	=
		PART I. DEATH	WASCALISE	D RY.			atory arrest						
			IMMEDIAI										
		Canditions, if an	v. which		RASA CONSEOU		c brain synd	rome					
		gave rise to in cause (a), stat	nmediate)			DIGITI DI				147		_
	-1	underlying cous		10,0	r as a conseou	ENCEOF							
	1	PART 2. OTHER SIG	SNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	R CONDITION (SIVEN IN	PART 1	0	=
S	NO					1							
6%	ATI	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS				VGS USED	_
1	IFIC							YES TO NO		YES T	CAUSES	OF DEATH?	
	CERTIFICATION	210. ACCIDENT WAS U	NDERLYING [] 21b. TIME C			21c HOW INJURY OCCU		OF INJURY IN ITEM 1	8 PART I OR	PART 2)		-
1		OR CONTRIBUTING	,	1113	M. MONTH D.	AY YEAR							
	MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION				YTAUC		-
5	¥	WHILE NOT V	VHILE [I AT HOME, STI	REET, FACTORY, OFFICE	FARM, ETC)	STREET	CI	TY OR TOWN	(0	JUNIT	STATE	
٦	100	22a.1 certify that (tal) attended th	e deceased from_		. 19	to		. 19		that (1) (we) last	. †
ď.		saw the deced	sed alive an		19		nd that in (my) (aur) apinia	n death accurred or	the date and h				
7		724 SIGNATUR	(did) (did no	t) view the body	otter death.	-	DEGREE			27	2c. DATE	SIGNED	-
-		11/1	der.	11/1	nes	ju	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		5-	6-85	
1		PHYSICIAN'S	AME ITYPE	(PRINT)	1		22e ADDRESS	- SIRECTOR -	T. SICIAL C				۰
		And	PRI	1/- 0	sunn	_	100 Geeti	ng Lane,	Keedysv	ille	, Md	. 21756	
	23a. B	SURIAL, CREMATION	I. REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N				=

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

John H. Bast, Jr.

Burial 5-7-85 24 FUNERAL DIRECTOR

Boonsboro, Md. 21713

Boonsboro Cemetery

Boonsboro, Wash.

		Disk or -2			
		2c. 29,1888		eJ1te	ALTERA
	no maintar a		*	. M. U. S.	meyar.Lori
Own Home	29000190001		Laurence Control		
	E .021		0.100 1.00	normicen	hafyid
Ford	onic	1) [[1]	Linear	redrai g	y,tanak
	X A				
	*				
₹8-2-8.	*				
	*				

DHMH - 16 60M 7/84 (VRA 15, 4)

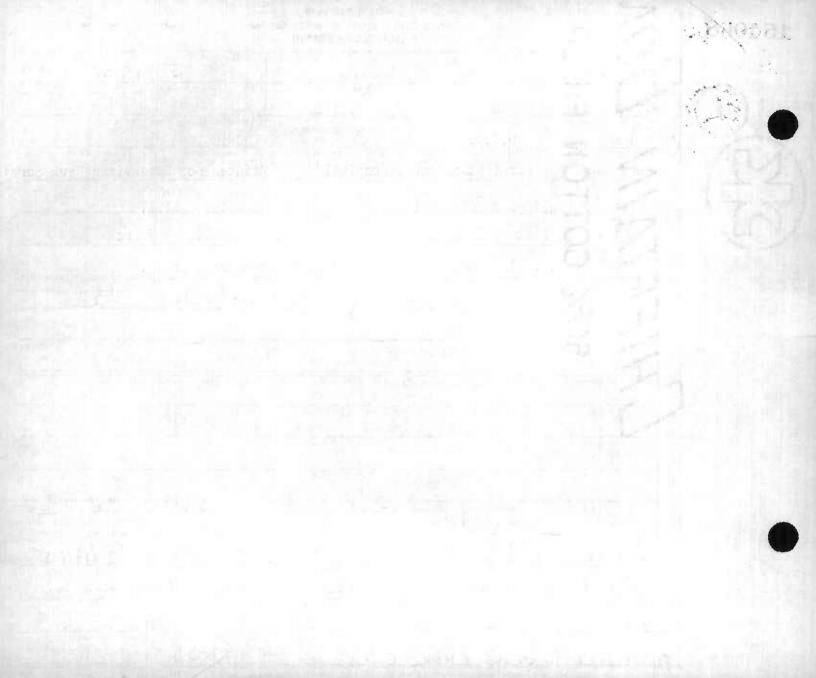
FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

i	5	5	0	3
REG N	NO			

		EASED NAME	FIRST	- 1	WIDDLE	Į.	AST	2	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	(TYPE	OR PRINT}	مسدر	c 1	n	John	100			5	1881	630	7
	3. SEX	(RACE	2-1-	5. DATE C		-	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	HOURS M	HRS.
	Ma	ale		White		June		"	64	YRS			
10		RTHPLACE ISTATE OR F	OREIGN 7	b CITIZEN OF	WHAT COU	NTRY? 8	NEVER MARRIE	9	BALTIMORE CITY C	R COUNT	Y OF DEATH		
5		aryland		U.S.	Α.	WIDOWE			WASHINGTON				MD.
3		TY OR TOWN OF DEA	TH 1			URSING HOME C	R OTHER INSTITUTIO		20 USUAL OCCUPAT			F BUSINESS	OR
7		agerstown	N.	Washing	gton C	County Ho	spital	M	aintenence	Supe	ervisor-	Park S	<u>Ser</u> vi
6	13a S		136 COUN		13c. CITY OF	RTOWN	136 INSIDE CITY LIM		3e.STREET ADDRESS	ZIP COD	DE .		
d		aryland	Wash	ington	IBig P	001	YES NO	7	Box 155	21711			
10	14 FA	Daniel	Cw	IDDLE	John of	51	15 MOTHER'S MAIDI		MIDDLE	_	LAS	iT.	
U			Gra		Johnso		Flore	nce	Amelia		rench		
/		YAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)		8 72 82		lahna					
		163	W.W.	11	3/6 1	0 /404	Mary V. J	onns	on same a	5 13.			
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per	line forcal,	(b), and (c)		1	1.		BETWEEN	MATE INTERVAL	ATH
		- 0	IMMEDIATE	CAUSE (o)	CC	inte M	my o cardi	101	INTORET	wh	10	<u>٧</u>	
- 1		Set 1 7		DUE TO, O	R AS A CON	SEQUENCE OF	7						
		Conditions, if ony,		(b)_									
		gove rise to imm couse (a), statin	g the	DUE TO, O	R AS A CON	SEQUENCE OF							
Н		underlying couse	lost.	(c)_									
	-	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	DITIONG	IVEN IN PART 110	0	
	CERTIFICATION												
9	CA	190 DATE OF OPERAL	ION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE FINDIN		
	RTIF								YES NO		res 🗌	NO 🗌	
7		218. ACCIDENT WAS UND		21b. TIME O		H DAY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
7	CAL	(IF EITHER NOTIFY MEDIC		P		19							
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE		OFFICE FARM, ETC.)	211 LOCATION		CITY OR TO	wN	COUNTY	STATE	E
	2	AT WORK NOT WH	RK -	(A) NOME 3)	LET, FACTORI, C	OFFI, E FARM, ETC.)	1	6 ,-	-1	. 0	6 -		
		22a.1 certify that (1)	(this hospite	ol) oftended th		from	, 19_	6.1	, to	1	19 95	that (I) (we)	lost
		sow the deceose obove, (1) (we) to	ed olive on_	view the Pody	d 82	_19, or	nd that in (my) (our) o	pinion dei	oth occurred on the d	ote and ha	our and from the	couses states	d
		775 SIGNATURE		. \	A A		DEGREE				22c DAJE	SIGNED	100
		tide	Ae of	U	. 1	h.	ATTEND PHYSIC	ING IAN	MEDICAL STA		15/1	9/85	
1	9	124. PHYSICIAN'S NA	ME ITYPE OR		A		22e ADDRESS					0	
		Fred	eric	1+1	ASS	14	1825/	town	ell lel	1 tes	cur tow w	hal	
		URIAL, CREMATION,	REMOVAL	23b. DATE		231. NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION				
	É	Burial		5/22/	/85	Shankton	wn Cemeter	V	Big Pool	Wash	nington	Md	Ł
	$\overline{}$	NERAL DIRECTOR	\	1	117				REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNAT	URE	
	K	NAME	192	TACRED		DRESS	MM	MA	2 9 1985		and work	jundaille	



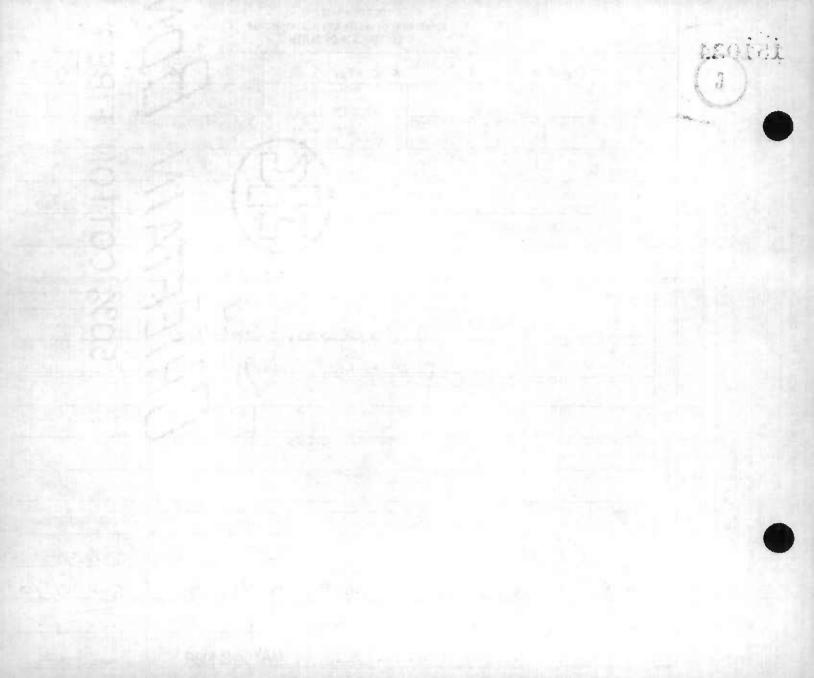
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5	TATE OF	MARYLAND	
DEPARTMENT	OF HEALT	H AND MEN	TALWYGIEN
CEI	DTIELC AT	E OF DEA	TH

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9		REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO	٥.			
		CEASED NAME	FIRST	MIDDLE Adel	0 1	AST			MONTH DAY	YEAR	26 HOUR	-
	(TYPE	OR PRINT)	SRA	Adei	KIB	, TII		SIGN OF THE	5-23	-85	02%	
100	3. SEX	par-	14 RACE	714	5 DATE C	S DIDTH		6. AGE (IN YEARS LAST BIR	THE LINE	DER I YEAR	IF UNDER 24 HRS	M
12	3. 3EA		13 KACE		MONTH		YEAR	O. AGE (INTERNSTRATION		HS DAYS	HOURS MIN.	
		emale	whit	e	Febr	cuary 4,	1923	62	YRS			
1		RTHPLACE (STATE OR FO	PREIGN 76. CITTZEN	OF WHAT COUN	TRY? 8	D T NEVER MA	DDIED T	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
5		irginia	us	Δ	WIDOWE		ORCED	We als to a			M	AD.
17		TY OR TOWN OF DEAT		OF HOSPITAL, NI				Washing 120. USUAL OCCUPAT	ON 12	2b. KIND O	F BUSINESS OF	-
19	п	ngarataim		SUCH FACILITY, GIVE		and to 1		(TYPE OF WORK FOR MOST O	F WORKING HEE) IN	NDUSTRY		
1		agerstown		ington C		ospicar		housewi	ire			_
7/1			136 COUNTY	13c. CITY OR		13d INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS				
2	M	aryland	Washingto	n Hager	stown	YES 🔀 🗈	10 🗆	328 Mito	chell Av	e.	21740	
11	14 FA	THER'S NAME	WIDDIE	LAS		15. MOTHER'S			Annual Control	(
//		Willie	B.	Morr		Do	rothy	MIDDIE A.		Cash		
1	16a W	AS DECEASED EVER IN			SECURITY NO.	17 INFORMAN		ADDRE	SS	oasi		_
	-{\	ES. NO OR UNKNOWN)	(IF YES GIVE WAR OR DATE	S)						1.1		
- 0	N			217-18	-0390	bernar	a 5. K	leith, Hager	stown,			_
		18 CAUSE OF DEATH PART I. DEATH WA	Enter only one couse	per line for (o), (l	b1, and (c)		0	,		BETWEEN	MATE INTERVAL ONSET AND DEATH	
			MMEDIATE CAUSE (0)	dans	Repu	lup	vary Ar	2/	300		
5			DUE TO	O. OR AS A CONS	SEQUENCE OF	1						
	12	Conditions, if ony,		, OK AS A CONS	Dialla	111100		Eustin	4			
-		gove rise to imme	ediote)	1					1		_
		couse (a), stating underlying couse	lost DUE TO	OR AS A CONS	4 4	0	1 -	2-16-				
			(c		1000	reci al	11	1000019	9			=
11	z	PART 2 OTHER SIGNI	FICANT CONDITION	SCONTRIBUTING	S TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 11		
	CERTIFICATION		Shirten									
9	CA	190 DATE OF OPERATE	ON 196 CC	NDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, WE			
7	=	The same of the						YES NO	YES		NO 🗌	
1	G	210. ACCIDENT WAS UNDE		E OF INJURY		21c HOW INJU	JRY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1	OR PART 2)		_
1	AL	OR CONTRIBUTING CA	OSE OF DEATH	A.M. MONTH	DAY YEAR	Sec. 15.						
	WEDICAL	21d INJURY OCCURRE		CE OF INJURY	19	211 LOCATION	1					-
	ME	WHILE NOT WHILE	1 AT HOM	E STREET FACTORY, O	FFICE FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WORK				1						
		229 I certify that (I) (I		d the deceased f			19	, to	. 19_		that (we) la	ist
30		sow the deceased above, (I) (we) (die	d) (did not) view the b	ody ofter death.	.19, or	nd that in (my) (a	ur) opinion o	death occurred on the do	ote and hour and	l from the	couses stated	
		226 SIGNATURE	7 01			DEGREE				22c. DATE	SIGNED	
1		(11015	0	ar	ATT	PSICIAN	MEDICAL STAF	IAN	4/2	3/8x	
71		22d. PHYSICIAN'S NA	ME TYPE OR PRINT	SILE MAKE		22e ADDRESS				1	7.02	_
		ARDUL	LIAHE E	0		1600	Odn	Hill NA	HAR	MI	20190	>
	230 R	URIAL CREMATION, R	EMOVAL 236 DATE	7. W.D	23c NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION	////			=
	- 13	specify) urial				11 Ceme		Hagerstow	T.Jack	UNIY M.	STATE	
				28,1985		TT Ceme.	-					_
4		NAME	AINNICH FU	ADDI	RESS		230. DAII	E REC'D. BY REGISTRAR	DB REGISTRAR	5 SIGNAT	UKE	
111	4	15 E. Wilso	on Blvd.,	Hagersto	wn, Md.	21740	MA	17 2 8 1985	a meridia	dron-V	andelle	

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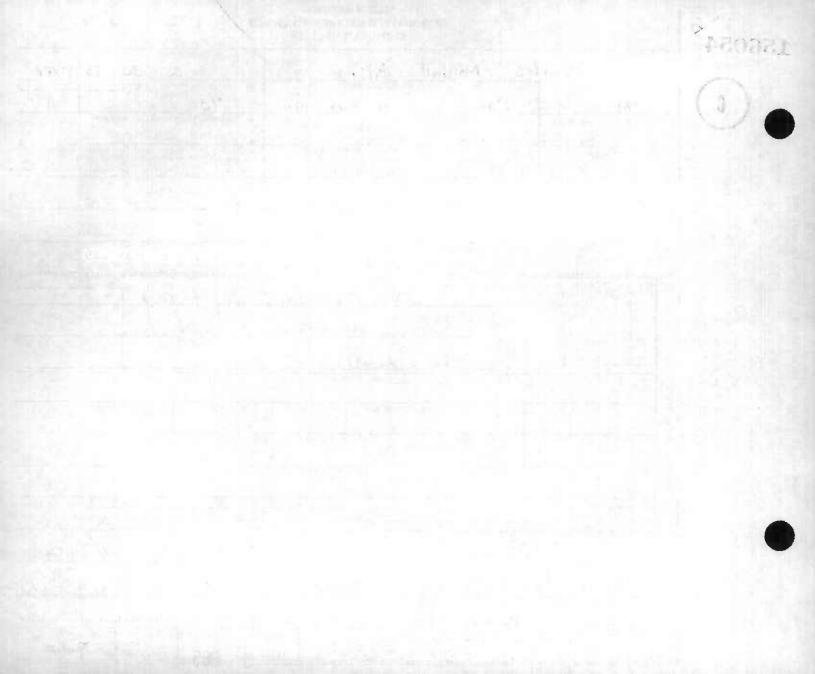
STATE OF MARYLAND FOR STATE REGISTRAP

DEPARTMENT OF HEALTH AND MENTALTHYGIENE CERTIFICATE OF DEATH

	50.00	In 9	100	3 .
1	2	5	U	17

	1 DEC	EASED NAME	FIRST	A	AIDDLE	- 1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	Charl	es	Marshall	K	line			05	30 85	8:48 A M
	3. SEX	(4 RACE	14 0.16.4	S. DATE C	OF BIRTH	11117	6 AGE (IN YEARS LAST BE	RIHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	9-77	Cau		MONTH	28	YEAR 1911	73	YRS	VONINS DATS	HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY			
2		itersburg,	Md.	U.S.	Α.	WIDOWE	D NEVER A	ORCED	Washing	ton		MD
6		TY OR TOWN OF DEA			OSPITAL, NURSI		OR OTHER INST	NOITUTI	120 USUAL OCCUPAT		126 KIND C	F BUSINESS OR
1	Н	agerstown		Washin	gton Col	unty	Hospita		Shipping		Sand	blast Co.
		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFOR		13d. INSIDE C	TY LIMITS?	13e STREET, ADDRESS	ZIP CQI	DE	ついしか
1		aryland	Was	hington	Hagerst	own	YES 🗌	NO [X	Rt. # 5, E	30x 2	.89 0/	140
1	I4 FA	THER'S NAME	^	AIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	WIDDLE .		1A5	
1	C	harles			Kline	360	Lizz	ie			Barkdol	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMA	NT	2521		alley Dr	ive
		No			217-10-3	3495	Ronald	E. K1:			vn. Md.	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), or	nd (c)		_0-	,	1,5101	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		E CAUSE (0)		(Ca)	diop	ulmo	man to	not		
		PERSONAL PROPERTY.		DUE TO, OF	R AS A CONSEQU	ENCE OF			1"			
		Conditions, if ony,		(b)	ac	uli	mys	Cardi	e onto	inch	ou	
		gove rise to imn couse (o), statin	g the	DUE TO, OF	R AS A CONSEQU	ENCE OF						
		underlying cause	lost	(c)_	Del	Endr	26 m					
	_	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	0
2	CERTIFICATION											
	ICA	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDIN TIFYING CAUSES	
	RTIF		1 1 1 1 1						YES NO		YES 🗌	NO 🗆
1		OR CONTRIBUTING		216. TIME O HOUR A./	FINJURY M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P./		19						
	MEDICAL	21d INJURY OCCURE		21e PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM ETC 1	211 LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
	-	AT WORK AT WOR	RK									
		220 I certify that (I)			e deceosed from_			., 19	, to			that (I) (we) lost
	J. V	sow the decease above, (I) (we) (d	ed olive on a	view the body	ofter death.			(our) opinion d	leoth occurred on the d	ote and ha	out and I om the	couses stated
		226. SIGNATURE	A.	0/	0		DEGREE	TTENDING	MEDICAL STA	cc	22c. DAJE	SIGNED
			2)	71500	2	us		HYSICIAN [DIRECTOR PHYSI		17/3	985
		22d PHYSICIAN'S NA	ME TYPE OF	PRINT)			22e ADDRES	5	. 11	,	1	
		ABDUC	- 4	ATTER) mo		1600	OAI	K Hill	rve.	. HAG. 1	m-21740
		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR C		23d LOCATION CITY OR TOWN		TAL COUNTY.	ton Shaled
	24 51	Burial	ALKINI				наven		ry Hagerst			
		INERAL DIRECTOR A			IERAL H			25a DATE	REC'D. BY REGISTRAR			
	4	15 E. Wils	on Bl	vd,. H	agerstow	n, Ma	ryland	HIIN	17 4005	1: whav	Davidson-A	andre

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND 156056 DEPARTMENT OF HEALTH AND MENTAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR 2n DATE OF DEATH DECEASED NAME TYPE OR PRINTI ason IF UNDER 24 HRS 6. AGE LIN YEARS LAST BIRTHDAY) 1 SEX IF LINDER 1 VE AD White Male March 10, 1907 78 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Clearspring, Md U.S.A. DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY Bakery Truck driver 136. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Washington | Hagerstown Rt. #4 Box 3, McDade Rd Maryland YES T I FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mouse William Anna Kratz RtADDAS4, Box 3 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 214-09-6689 Grace I. Kratz Hagerstown, Md. 21740 Air Force APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line lar (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stoting the AS A CONSEQUENCE OF underlying cause lost. SCVD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART LORPART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY 21 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 77h. SIGNATURE DEGREE 77c. DATE SIGNED ATTENDING PHYSICIAN PHYSICIAN PORTANT 77d PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 1600 MND 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION June 1, 1985 Cedar Lawn Memorial Park Hagerstown Wash. Md. Burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN DHMH - 16 50M 4/83 givia bairdson Randelle

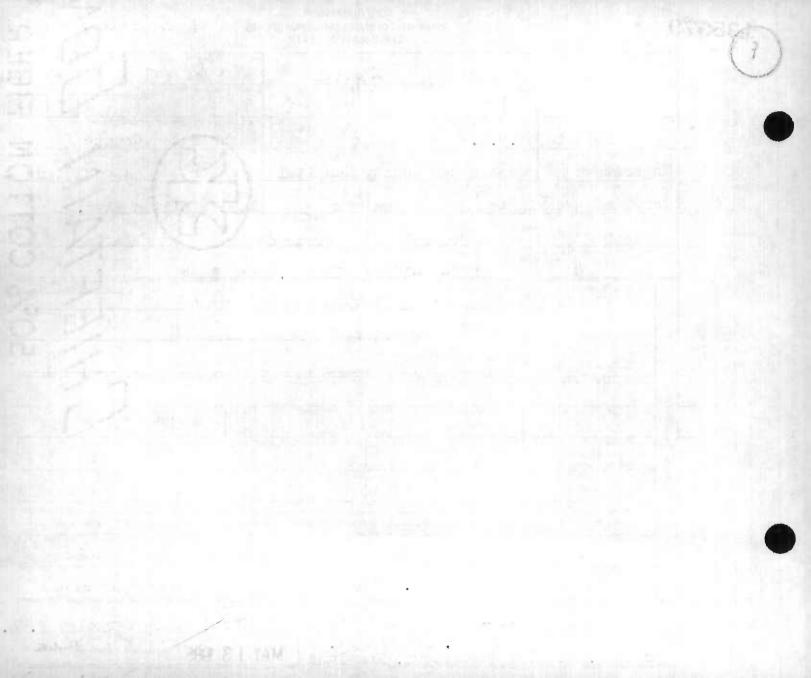
415 E. Wilson Blvd. Hagerstown, Md. 21740

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852861 AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA

N. Minnich Hagerstown.

(VRA 15, 4)



STATE OF MARYLAND

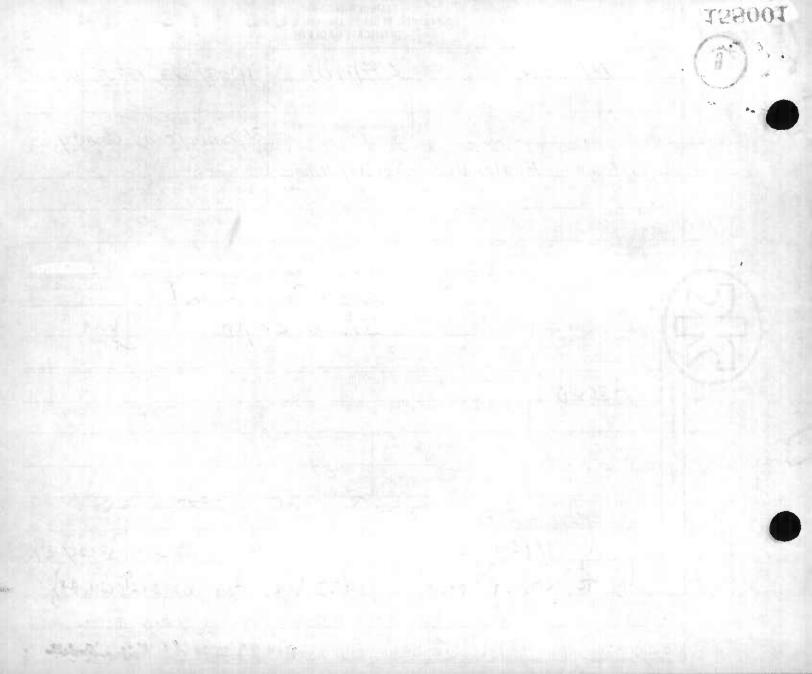
DEDARTMENT OF HEALTH AND MENTAL HYGIENES

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	REGISTRAR		CI	FKIIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME FIRST	M	AIDDLE	()	AST	20 DATE OF DEATH		DAY	YEAR	26 HOUR
TYPE	ORPRINTI Alonz		VIN	LH	7mm	may	23,	198.	5	11:208
SE>	4	RACE	5. 1	DATE O		6. AGE (IN YEAR LAST !	IRTHDAY	MONTHS		IF UNDER 24 HRS
4s	le l	White	9	7	12 02	82	YRS			
	RTHPLACE (STATE OF FOREIGN 71	CITIZEN OF V	WHAT COUNTRY?	AAPDIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
	oubs, Md.	U.S.A		IDOWE		Washin	9100	7 6	וטים	itu m
C	TY OR TOWN OF DEATH		OSPITAL, NURSING H		R OTHER INSTITUTION	126 USUAL OCCUPA			KIND O USTRY	F BUSINESS O
4	gerstown	Avalo	n Manar I	1	sing Home	Grocer	OF WORKING	-		ery St
	RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE ADM		7		207107070			-2
10		derick	Thurmont		13d. INSIDE CITY LIMITS?	13e STREET ADDMS	ice			788 irmont
	THER'S NAME				15. MOTHER'S MAIDEN NAM	ME	TCE	NG.		
To	Villiam	DDLE	LAST T a mm		FIRST	MIDDLE		-	LAS	
_	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	Lamm		Susan	ADD	RESS	علد	nk	ins
(res, no or unknown) {if yes, give y	WAR OR DATES)	210 02 5	120	Charles Lar					
-			218-03-5		1607 Jenni	ings Ct.	Fred		APPROXI	21701
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per BY:	line for (a), (b), and (c	CT	? ?	1.	1	8	ETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE	CAUSE (a)		K	espiralone	1 HMe				
		DUE TO, OR	AS A CONSEQUENCE	E OF	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				,	
	Conditions, if ony, which	(b)_			Sevon C	OAD	. 2	1	(~	
	gove rise to immediate	(b)			Sevon C	OPD	-		(~	1
A		DUE TO, OR	R AS A CONSEQUENCE		Sevon C	ofo			(~)	
	gave rise to immediate cause (a), stating the underlying cause last	(c)		E OF	Sevon C	opo	NO TO TO TO		(~)	
	gove rise to immediate cause (a), stating the	(c)		E OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN F	PART In	
	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEAT	E OF						Visit I
	gave rise to immediate cause (a), stating the underlying cause last	ONDITIONS CO		E OF		INAL DISEASE OR CO	20b IF	YES, WERE TIFYING C	FINDIN	
	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	(c)	NTRIBUTING TO DEAT	E OF	N WAS PERFORMED	20a AUTOPSY? YES NO	20b IF	YES, WERE TIFYING O	FINDIN	IGS USED
	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	(c) DNDITIONS <u>CO</u> 19b. CONDIT	NTRIBUTING TO DEAT	E OF		20a AUTOPSY? YES NO	20b IF	YES, WERE TIFYING O	FINDIN	IGS USED OF DEATH?
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	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	19b. CONDITIONS CO	ONTRIBUTING TO DEAT TION FOR WHICH OPE F INJURY M. MONTH DAY M.	E OF TH BUT I ERATION YEAR 19	21c HOW INJURY OCCURR	20a AUTOPSY? YES NO	20b IF IN CER	YES, WERE TIFYING C YES TOR	FINDIN	IGS USED OF DEATH? NO
	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER)	19b. CONDITIONS CO	DITRIBUTING TO DEAD TION FOR WHICH OPE FINJURY M. MONTH DAY M.	E OF TH BUT I ERATION YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF IN CER	YES, WERE TIFYING C YES TOR	FINDIN AUSES PART 2)	IGS USED OF DEATH?
	gove rise to immediate cause al, stating the underlying cause last PART 2 OHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTHINE AT WORK	19b. CONDITIONS CO	TION FOR WHICH OPE FINJURY M. MONTH DAY M. TO INJURY SEEL FACTORY, OFFICE, FARM	E OF TH BUT I ERATION YEAR 19	21c HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b IF IN CER	YES, WERE TIFYING C YES TOR	FINDIN AUSES PART 2)	IGS USED OF DEATH? NO
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAKING GIVE

5611	i.	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	IYGIENE 1 5 5	0 9
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	1.5E		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
· 60 /		Tale	White	June 6, 1911	73 YRS.	
9 90 EV		RTHPEACE YOUR OFFICE COUNTY)	76 CITIZEN OF WHAT COU	MARRIED W NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deot	W		U.S.A.	WIDOWED DIVORCED	Washington Co	unty ^
1 11 119		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		TYPE OF WORK FOR MOST OF WORKING LIFE	
ous of the state o	H:	ACCESTOWN ALRESIDENCE (IF NURSING HOME)	Washington	n County Hospital	Engineer	Utility
4 ho	130.3	TATE 13b COL	JNTY 13c. CITY O	R TOWN 13d INSIDE CITY LIMITS		2 170
lin 2		aryland Was	hington Hage	erstown YES NO X	1703 Cathedra	Avenue
10 age 200		FIRST	MIDDLE 1A	ST FIRST	WIDDIE	LAST
s to	Name and Address of the Owner o	LEWIS EVER IN U.S. A	dwin Lan	tz Violet	ADDRESS	lorgan
ond ond ond ond		(ES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		J. Lantz same as	13
e be cron in the m	TA		anly ane cause per line for (a),		• Trailer partie ap	APPROXIMATE INTERVI
requires that the death in signed by the ottendi. Then please remove car in burial, cremation, an injury, or other traumati	NOI	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	socherotic condiova		15 years
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O HOSPITAL OR ATTENDIN erouned by the hospital or TO FUNERAL DIRECTOR, At should be detached for use a with the State Dept of Health		saw the deceased almosobove of the control of the c	Smith, u.D.	DEGREE ATTENDING PHYSICIAN 1708 Oak	MEDICAL STAFF DIRECTOR PHYSICIAN	5/30/05
BP		urial, cremation, remova specify) Burial	236. DATE 6-3-85	136. NAME OF CEMETERY OR CREMATOR Rest Haven Cemet	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR NAME rald N. Minn		Rotomac St.	TO BY STRAR 236 MEGISTR	RARS SIGN FIRST

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STATE OF MARYLAND

3/08	Ċ	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTANYS ICATE OF DEATH	REG. NO.	1 0
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	3. SEX	male	white		May	31, DAY 1911 YEAR	73 _{YRS}	FUNDER I YEAR FUNDER 24
35		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D Never Married D DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNTY Washington	OF DEATH
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myst pe	13a. S		or other institution unity shington	GIVE RESIDENCE BEFORE Hager		100 []	136 STREET ADDRESS / ZIP CODE 203 Avon	Road 217
- I	14. FA	James Lu	ther	Mills	Sr.	15 MOTHER'S MAIDEN NA/ FIRAdella	MIDDLE /	Mills
/	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES!	214-09-5		Elsie S. N	ADDRESS Nills, Hagerstown	, Md.
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Z Served	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATHS S NO
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эт 21 is m		220 I certify that this has saw the deceased alive abave. (I) and (and 22b. SIGNATURE)					death accurred an the date and have	and from the causes state
MAPORTANT: If he		Rechard 226 PHYSICIAN'S NAME (IV)		A, M.D			MEDICAL STAFF DIRECTOR PHYSICIAN	5/12/85
MPOR.	22 -	Richard E.	Smith,			1708 Oak H	ill Ave. Hagers	town, md21
	k	URIAL, CREMATION, REMOV ວັ ປີເກັ່າລໄ	May	15,1985	Rest	Haven Cem.	Pagerstown, N	Wash., Mary
4/B3		INERAL DIRECTOR MIN		JNERAL I			E REC'D. BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CEDTIFICATE OF DEATH

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Locust APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

126. KIND OF BUSINESS OR

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME EIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be coge 3	Tivi	VIOLA	m	MAHONEY	5	15 85 727
ро ро	3. SI	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 F
4 90 00		Female		3 4 18 96	89 yr	MONTHS DATS HOURS N
4 4 2 08	70 E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
1 11/16 -	ST-	rginia	II.S.A.	WIDOWED DIVORCED	Washington	County
270		ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
1 11 /	/Ha	agerstown	Washington Co	ounty Hospital	Homemaker	Home Home
2 13 2	130.	STATE 136 COU		N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS ZIP C	ODE 21/41
		V	ington Hagers		625 N. Loci	ist Street
1 16 1/	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
p du d		Miles Ke	nneth Thort		L.	Lunn
		WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT		ag. Md.
(1) 12 2/		(YES, NO OR UNKNOWN) [IE YES G	215-66-	3809 Evelyn L.	Easterday 623	
1 /11		18 CAUSE OF DEATH (Enter of	nly ane cause per line or (a), (b), an		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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to a to a		Canditions, if any, which gave rise to immediate	Maria men	Wrace Brand As Co.	7,000	
1 6000		cause (a), stating the underlying cause lost.	DUE TO OR AS A CONSEQUE	EXOS I WAS IN	11	
4 200 0			TURUN N	p recovered		
1 6 PM	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	<u>DEATH</u> BUT NOT RELATED TO THE TERM	ainal disease or condition	GIVEN IN PART TO
1 11917	H K	THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b II	YES, WERE FINDINGS USED
7 2 2 2 1	CERTIFICATION					RTIFYING CAUSES OF DEATH?
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OR he he oche		27h SIGNATURE	12/	DEGREE	MEDICAL STAFF	THE DATE SIGNED
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5 5 5 4 3 EL	230.	BURIAL, CREMATION, REMOVA	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	

BP_

(VRA 15, 4)

24 FUNERAL DIRECTOR

erald N

DHMH - 16 60M 7/84

Minnich Hagerstown, Maryland

23c NAME OF CEMETERY OR CREMATORY

STATE Hagerstown Wash

305 N. Rotomac St.

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	/					STATE OF	MARYLAN	ID			alle,	
-IN		FOR			DEPARTMENT	OF HEAL	TH AND ME	NTAL HYG	SIENE	5 3	2	
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品質の産業	FO	REIGN COUNTRY)					RRIED NEV		UI WAS	BHINGTON		
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AND		STATE	136. COUNTY		13c. CITY OR TO	WN	13d INSIDE CIT		STREET ADDRESS	011	04/14	0
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₩ Z S S H S		22a. I certify t	that I taak chorge o		scribed abave, heli	dan Aut	apsy L.	Inspection L	A, Inquiry	, and in my	opinion	
MEROTE		death resulted	fram: Notural	causes X,	Accident .	Suicide	, Homici	ide 🔲 - U	Indetermined monne	r .		
A WE BERK			()	0. 1	D 50/2-		TITLE (SP					
AHONE H.		ACTUAL SIGNATURE	che au	CW.V	LINOW		M.D. DEPL	UTY	MEDICAL EXAMINE	R SIGN	MAY 20,	1985
ORA SET OF	1								EST WASHIN	IGTON ST	REET	
THE CHAPTER	-	EXAMINER'S NA (TYPE OR PRINT)	ME EDW	ARD W. D	ITTO, II	, M.D.	ADDRESS		STOWN, MAR			
TO MEDICAL EXAMINER: THIS CERECUTE THE CERTIFICATE, WRITINE PAGE 4 SHOULD BE FORWARDED FOR FORWARDED FOR FORWARDED FOR THE STATE DE BALTIMORE, MARYLAND, 21201 P	730 P		ON, REMOVAL 23b				OR CREMATO					-
	(3	PECIFY) Buri		-21-85	10000				3d. LOCATION CITY OR TOWN			ATE
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(VR A15 ME (5))	Ge	erald N	. Minni	ch Hag	erstown	Mar	rland	IMPAI C	4 1965	- willyd	son Apandella	-

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STATE OF MARYLAND

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		22h Sichert Line	Sencer 1	1/2	ATTENDING	MEDICAL STAF	F	5,3085		
		Charles C.	Spencer, M.D.			venue' Hage	erstown,	Md. 21740		

MPORTANT: H H

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Cremation

236 DATE

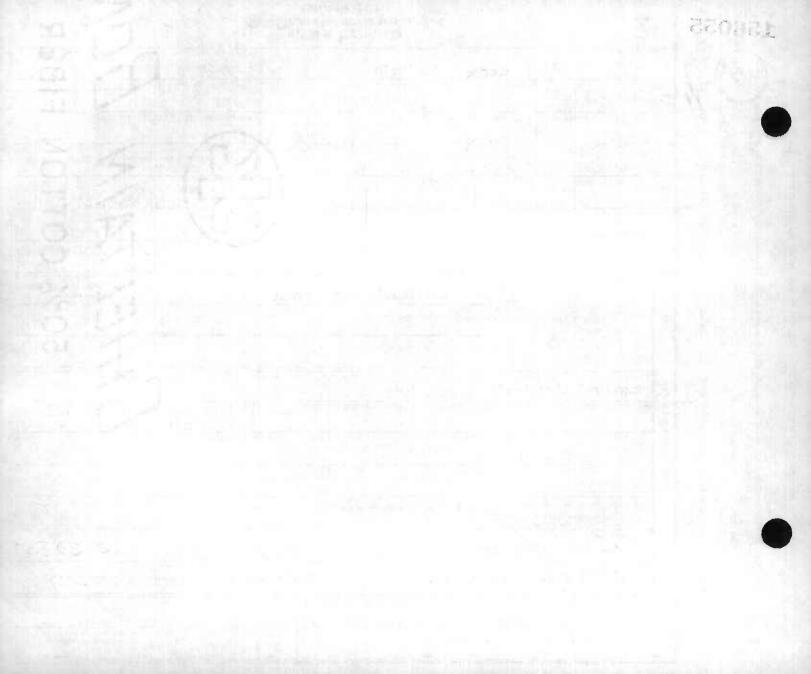
23c. NAME OF CEMETERY OR CREMATORY

Smithsburg Wash. Md.

MAY 31, 1925 Smithsburg Crematorium 24 FUNERAL DIRECTOR Minnich Funeral Home

Wilson Blvd. Hagerstown Md. 21740

BY REGISTRAR 251 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REGISTRAR REG NO 157089 DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 10:00 JUNE MCKEMY DEATH MATED 16 1085 LOUISE A M 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IE UNDER 24 HRS HOUR DATE VEAR LAST BIRTHDAY PRONOUNCED 1.85 20 DEAD 3-11-1926 Temale White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED -WASHINGTON WIDOWED . Jary land TO THE FL PAGE 5 BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128, USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Homemaker Hagerstown Home 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Washington ntietam Street Maryland Hagerstown YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Gertrude Bergman Mary Agnes Albert May 17 INFORMANT 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION Hag. Md. (YES, NO. OR UNKNOWN) PAGES (IF YES GIVE WAR OR DATES) 2-24-3250 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. N-933 - ASPIRATION OF GASTRIC CONTENTS VIOMENTS IMMEDIATE CAUSE (a FOLLOWING DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which SEIZURE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 BRIOR TO BURIAL, YES 🗌 NO A 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy lnouiry and in my apinion Accident Hamicide Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) MEDICAL EXAMINER SIGNED STREET DEPUTY EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 5-22-85 Cemetery 07/84 25M 24 FUNERAL DIRECTOR 305 N. Potomac St. **DHMH - 17** N. Minnich Hagerstown, Maryland (VR A15 ME (5))

STATE OF MARYLAND

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TO SEE TO ME THE TOWN THE TOWN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
-17		CEASED NAME FIRST	MIDDLE	L	AST		ONTH DAY	YEAR	Th. HOUR	
	(TYPE	OR PRINT)	o \ Josh	na MT	ILER		46	85-	1822	-
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1	H	ry or town of death gerstown	Washingt	ital, nursing home c ity, give street address) on County H		Roads Maint		KIND OF	ls. De	
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1		VAS DECEASED EVER IN U.S. AI	UF IMMED OR DATEST	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	fd. 1 1	30x 30)9	
	No	O TIP TES, GI	2	15-36-7230	Mrs. Ruth H.	165777	lohrers			
7	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A (c) CONDITIONS CONTRI	A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAN WAS PERFORMED	NAL DISEASE OR COND	17 ION GIVEN III 206. IF YES, WE IN CERTIFYING	RE FINDIN	GS USED	
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		SURIAL, CREMATION, REMOVAL	736 DATE 5-9-85		oro Cemetery	23d LOCATION BOONSOOT	o, Wash	i. Co.	, Md	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR John H. Bast, Jr. (VRA 15, 4)

Boonsboro, SMd. 21713

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY

- Jandell

distributed

MARINE ADMINISTRAÇÃO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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)		SEPH. R	MORNIA 4 RACE) G 5	OF BIRTH		1985 2 HOUR 1985 D M
	70.01	Mate RTHPLACE (STATE OR FOREIGN	White	0 0	B 28, 1922 YEAR	62 YRS.	NINS DATS HOURS MIN.
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3	Ma S	aryland rede		WN	YES NO NO	13e STREET ADDRESS / ZIP CODE 1653 Shookstown	Rd. 21701
10		Clifton	0. Mornings		15. MOTHER'S MAIDEN NAM	otte	McKenzie
2	16a V	VAS DECEASED EVER IN U.S. ARI (15 NO OR UNKNOWN) (15 YES GIV NO NO	E WAR OR DATES)		Mrs. Frede	Helen Michael 1653	3 Shookstown Ro
	1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
No.	N	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEON (c) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	JENCE OF	A CAL OF LATER TO THE TERM	Ladde Inal Disease or Condition Given	3 days
2	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P,M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2}
	MED	21d. INJURY OCCURRED NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC }	21E LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive an	tal) attended the deceosed from 7 19 19 19 19 19 19 19 19 19 19 19 19 19	C C Property	nd that in (my) (our) opinion of DEGREE ATTENDING	death accurred an the date and hour of	that (I) (we) last and from the causes stated
1		22d. PHYSICIANIS NIAME (TYPRO	Not W.D.		PHYSICIAN [22e ADDRESS	AUR SHARMETON	2 4
		Burial	Navo 28, 1985		CEMETERY OR CREMATORY	23d LOCATION CITYOR TOWN Frederick, Fred	lerick, Md.
4		INERAL DIRECTOR Smith,			letat nome	EREC'D. BY REGISTRAR 256 REGISTRA	

DHMH - 16 60M 7/8 (VRA 15, 4)

1550004 ties . V a date, is 1 of bearing for a local many and

ector, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE CERTIFICATE OF DEATH

1	5

230 DAT REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

RE	GISTRAR			CERTIFI	CAILOID	PWIII		REG. N	0.			
	SED NAME FIRST	MID	DDLE	LA	\\$t	14.5	20. DATE OF	DEATH	MONTH	DAY	YEAR	25 HOUR
TYPE OR P	Paul	1	L	MOSI	ES		May	6	1985			6:25A
SEX		4 RACE		S. DATE O			6. AGE INYE	ARS LAST BI	(YADAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS
	male	white		Jan	18	1927	58		YRS.	MONTH	DAYS	HOURS MIN.
	PLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8	MEVER A		9 BALTIMOI	RE CITY	R COUNT	Y OF D	EATH	
Vir	ginia	U.S.A		WIDOWE		ORCED	Wash	ingt	on C	our	ity	M
CITY	OR TOWN OF DEATH	11. NAME OF HO			R OTHER INST	ITUTION	120 USUAL C	CCUPAT	ION	121	KINDO	F BUSINESS OF
Hag	erstown	Washing	A office		Hospi	.tal	Aspha	lt F	olle	r		struct
30 STAT	- 100 00	UNTY I	ve residence before 3c. City or town Hagerst	N	13d INSIDE CI	TY LIMITS?	13e STREET A		/ zır coi Balti		2/se s	740 treet
4 FATHE	R'S NAME			- 1		MAIDEN NA	WE					
Pau	FIRST	WIDDLE	Moses		Mat	el el	Eliz	abet	h	Cu	ımmi	ngs
o WAS	DECEASED EVER IN U.S.		66 SOCIAL SECUR	RITY NO.	17 INFORMA	NT		ADDR				
NO.	OOR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	229-24-	0318	R. Ma	av Mos	es s	ame	as 1	3		
	CAUSE OF DEATH (Enter					J					APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY	Carcino		the co	lon					Mar	
		DUE TO, OR A	AS A CONSEQUE	NCE OF								
	anditions, if any, which	(b)			1.797	1			11	-		
co	iuse (0), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF								
- 01	nderlying cause last	(c)										
	RT 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	ORCON	DITION G	IVEN IN	PART 1	5
CERTIFICATION 100 100 100 100 100 100 100 100 100 10	DATE OF OPERATION	Tin comput	ON FOR WHICH	OPERATION	LAVAS DEDECO	21150	200 AUTO	DC V 3	Tank IE V	EC VA/EI	DE EINIDIA	NGS USED
5 140						KMED	700 AUTO		IN CERT	IFYING		OF DEATH?
1	Mar 18 1982		inoma of	the c		11 IDV 0 55: 127	YES [NOX		YES		NO 🗌
- 00	ACCIDENT WAS UNDERLYING	110110 4.11	MONTH DA	Y YEAR	ZIC. HOW IN.	JURY OCCURR	RED (ENTERNAT	URE OF INJU	RY IN ITEM 18	PARTIO	(RPART 2)	
5	FEITHER NOTIFY MEDICAL EXAMI			19	non	_						
4	INJURY OCCURRED	21e PLACE OF (AT HOME, STREET	F INJURY T, FACTORY, OFFICE FA	ARM ETC)	211 LOCATIO	N		CITY OR TO	NWN	C	OUNTY	STATE
Al v	NORK NOT WHILE		none									
220	L certify that (1) (this ho	spital) attended the	deceased from		3	. 19_85	to May		-	., 19 <u>8</u>		that (1) (we) las
	saw the deceased alive above, (I) (we) (did) (did	nat) view the body of	ter death	2, an	d that in (my)	(aur) opinion o	death accurred	d on the d	ate and ha	our and	from the	causes stated
22b	SIGNATURE	/ t-			EGREE	TTEN 10 11 10		57.		2	22c. DATE	
	Francisco		way	М.		TTENDING PHYSICIAN	DIRECTOR	PHYSI	CIAN		May	6 1985
22d	PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	042 1	. First					
	Francisco	G. Japzon,	M.D.			Hagers	stown,	Md.	21740)		
	AL, CREMATION, REMOV	AL 23b. DATE			METERY OR C		23d LOCA					
(SPEC	" Crematic	n 5-6-85	5 Smi	thsb	urg Cr	remato	ry Sm	iths	burg	I WE	ish.	Md. STATE

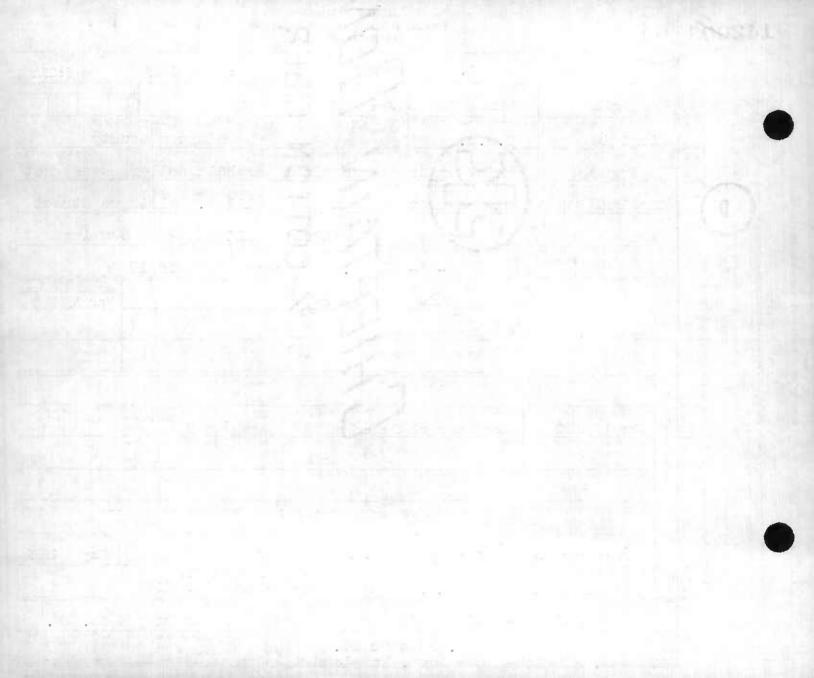
305 N. Potomac St.

Minnich Hagarstown, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 142076 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) 10:30 MOWBRAY DEATH MATED Homer Clarence MAY AM HOUR 4. RACE & AGE (IN YEARS | IF UNDER I YR. SEX DATE 6:30 LAST SIRTHDAY) PRONOUNCED Sept. 21, 1913 71 male white DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED Washington Virginia USA WIDOWED [DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Hagerstown Bd.of Education Washington County Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13b. COUNTY 13d INSIDE CITY LIMITS? 21740 Maryland Washington Hagerstown YESK NO [516 Ridge Ave. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Shifflett Mowbray Lula James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO. TT. INFORMANT **ADDRESS** MIT. PAGES 1 (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATEST 214-09-7269 Catherine A. Mowbray, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #427 - CARDIAC ARREST MMED. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) #429 - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 10 - 15gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? S TO IN.
S SHOULD BE TO ARTMENT OF I 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A,M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION NOT WHILE STREET, FACTORY FARM FIC I CITY OR TOWN STATE AT WORK Inspection X 220. I certify that I taak charge of the remains described above, held an Autopsy TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICAT
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR;
AFTER DEATH, WITH THE
BACTIMORE, MARYLAND Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) DATE MAY 17,1985 DEPUTY WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION burial Hagerstown, Wash., Maryland May 18, 1985 Cedar Lawn Mem. Park BP. 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 the dechasion (VR A15 ME (5)) 20M 4/B2

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.... OITTS, TITLE, I. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/B3 (VRA 15, 4)

135588

- STATE

REGISTRAR

E. WILSON BLVD., HAGERSTOWN, MD. 21740

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

MAY 11,1985 ROSE HILL CEMETERY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

HAGERSTOWN, WASH., MARYLAND

IF UNDER 1 YEAR

INDUSTRY

DEBOW

IF UNDER 24 HRS

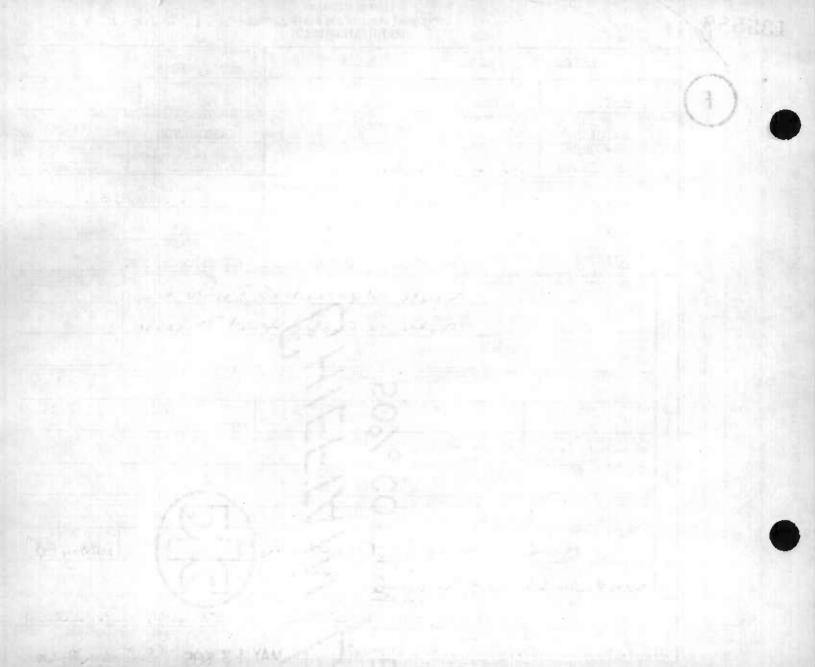
21740

126 KIND OF BUSINESS OR

AIRCRAFT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

22c DATE SIGNED



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

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	CEI	RTIF	ICAT	FOF	DEATH	

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST	1	MAE		AŚT /	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 450 A
	The	ma	14	1	velson		9	8 8,-	M
3. S	EX	4. RACE		5. DATE (6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
	FEMALE	WH	ITE		ARY 26, 1922	63	YRS.		
10	SIRTHPLACE (STATE OF FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OFDEATH	
	MARYLAND	USA		WIDOWI		WASHING	TON		MD.
10 0	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12g USUAL OCCUPAT			F BUSINESS OR
	HAGERSTOWN		TON COUNT		PITAL	SECTION MG			IL STORE
	JAL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)					ID DIOKE
	IARYLAND WAS	HINGTON	HAGERSTO		13d INSIDE CITY LIMITS?	715 SPRII	CE ST		21740
-	ATHER'S NAME	The COLUMN	IMIGERATO	WEV	15. MOTHER'S MAIDEN NAM	123 02110	OL DI		
1	FIRST	WIDDLE	ALGIER		LUCY	MIDDLE		THO	
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	165 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	110	MAS
		GIVE WAR OR DATES)	210 16 4	017	HADDIGE	MET COM HA	OED CE	OLDI MO	
	NO		219-16-4		HARRIS E.	NELSON, HA	GERST		IMATE INTERVAL ONSET AND DEATH
-	18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	only one couse pe SED BY:			ablactic Tules	4.0		BETWEEN	ONSET AND DEATH
	IMMED	IATE CAUSE (o)	Acute .	гушрп	oblastic Lukem	IId			
		DUE TO, C	R AS A CONSEQUE	NCE OF				- 1111	
	Conditions, if ony, which gove rise to immediate	(b)_			Part State of the				
Н	couse (o), stoting the	DUE TO, C	R AS A CONSEQUE	NCE OF					
	underlying cause lost.	(c)_							
7	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIV	VEN IN PART 11	0
CERTIFICATION									
N O	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
] Ë						YES NO		S 🗌	но 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	215. TIME O	DF INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMI		.M.	19					
MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
~	AT WORK NOT WHILE				1		1.	0 1-	
	22a.l certify that (I) (this ha	spital) attended t		12	19 89	to	8	19 8 3	that (I) (we) last
	saw the deceased olive above, (1) (we) (did) (did		ofter death	. 0	nd that in (my) (our) opinion de	eath occurred on the d	ote and hou	ir and from the	couses stated
	226. SIGNATURE	11/			DEGREE		- 3 %	22c. DATE	SIGNED
13	- Leden	AU	4.1	V	ATTENDING PHYSICIAN	MEDICAL STA		15/1	4/41
1	228 PHYSICIAN'S NAME ITY	E OR PRINT)			22e ADDRESS	1			460
	Frederic	1+ Cas	5 11.		1825 House	Il ha	Here	- I town	J
23a	BURIAL, CREMATION, REMOV	AL 235. DATE	23c N	AME OF	EMETERY OR CREMATORY	23d. LOCATION			
7	SURIAL	MAY 1	0,1985 R	OSE H	ILL CEMETERY	HAGERST	OWN.	WASH.,	MARYLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

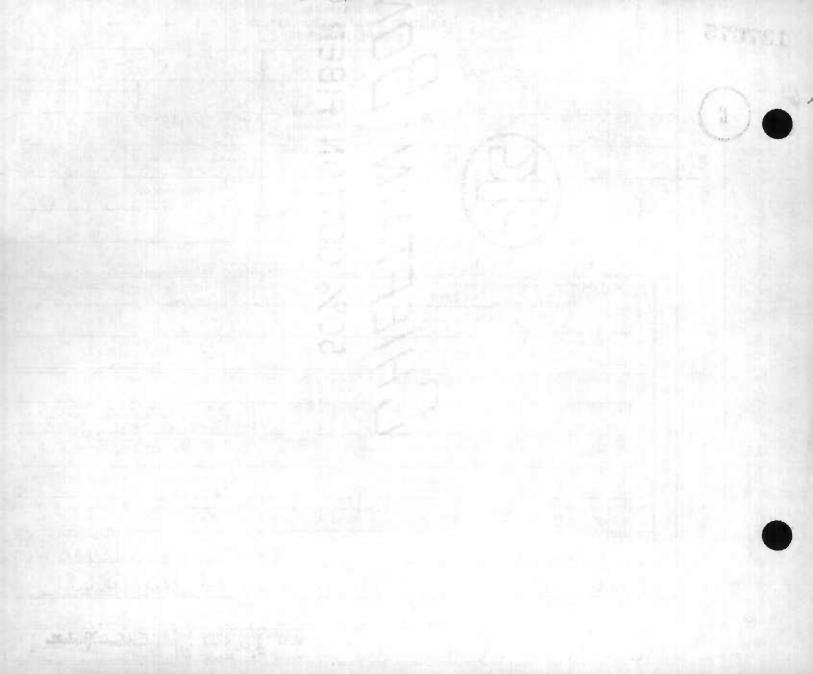
morked or Item 18 shows any

IMPORTANT: If He

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME Unenachs 415 E.

HAGERSTOWN, MD.

HAGERSTOWN, WASH., MARYLAND



((3)(3) cure in the second prints and action 2000 Application 4 and 4 STATE OF THE Mana 313-1 -977 Western . Hashem, Coursen, W. 2193 1-2-3 DELW. 1 President of the Control of This bear the party of the bank full of the bank of th ALE ALE STORES OF THE STORES O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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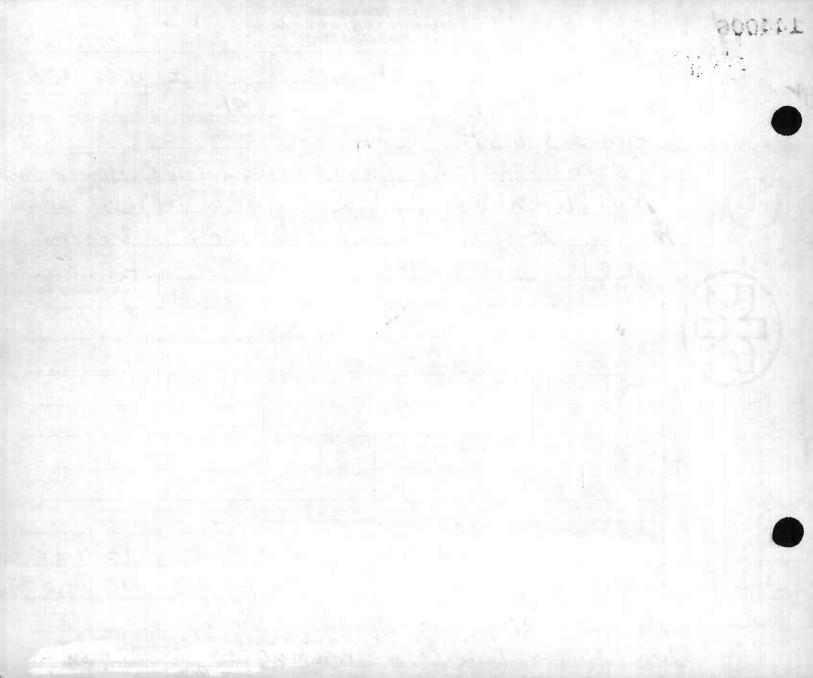
P	ige 4 moy be	feurs after deoth
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The law requires that the death certificate be executed with Latinguing the death Tage 4 may be referreding physician.	After this certificate has been signed by the ottending physicial content of The part of the transition of the buriol-fransit permit. Then please remove carban papers.
DIVISION	ING PHY	After this

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Hem 18 shows any injury, or other traumatic event, the TO HOSPITAL OR ATTENDING PHYS

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

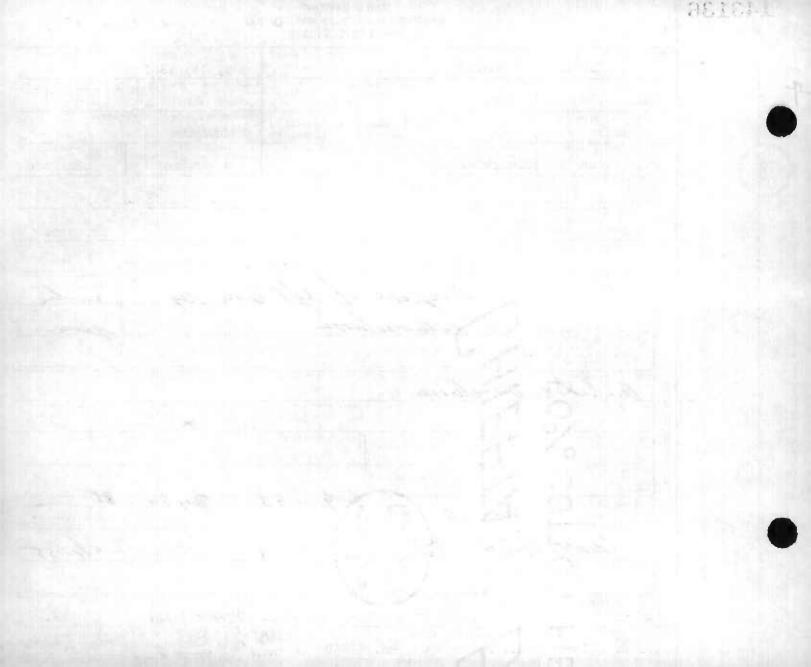
		REGISTRAR					REG. N	0.				
	1. DEC	CEASED NAME FIRST		MIDDLE	1)	2a. DATE OF DEATH	MONTH			26 HOL	JR
1	LINE	CHARLE	S R	obert	T	ALMER	Carlotte I	5 -	29 198	55	4	PM
1	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1		IF UNDER	24 HRS
	-	Male	White		May	3 ^{DAY} 1925 1	62	YRS.	WOMIH? E	DAYS	HOURS	MIN.
-	o. BII	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEAT	Н		1
2		TYORYOWN OF DEATH		S.A.	WIDOWE	D DIVORCED	Washin			4		MD.
9			11. NAME OF	HOSPITAL, NURSING THEACILITY, GIVE STREET A TON COUNT	IG HOME OR OTHER INSTITUTION ADDRESS) TO HOSpital 12a USUAL OCCUPATION LITPE OF WORK FOR MOST OF WORKING Parts Handler				IFE) INDUS	TRY	BUSINI	
		gerstown	-			pitai	Parts mano	ier	E	irc	craf	L
5	130 S	AL RESIDENCE IF NURSING JOMEOUS TATE TYLANG Fred		13c. CITY OR TOWN NEVERSULT	4	13d INSIDECITY LIMITS?	136 STREET ADDRESS A	zip con	E ROA	id 2	2177	3
1		ATHER'S NAME	OL LOIC			15. MOTHER'S MAIDEN NAM		COLGE	1 100			
		Roy J	MIDDLE	Palmer		Carrie	E11en		I	ewi		
2		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUE	RITY NO.	17. INFORMANT	1091	5A Ea	sterd	av	Roa	d
1	()		VE WAR OR DATES)	219-14-7	689	Florence G.			e, M	21	L773	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	teri		_ /		BETV	PROXIM	nate inte nset and	RVAL DEATH
			TE CAUSE (0)	Carrio-	Vanc	ula ou	feel		- Iron	-'v	wto	-
			DUE TO O	R AS A GONSEQUE	NCE OF .	0 —						
		Conditions, if ony, which ((b) Encurical Lyper Verein								ea	25	. / 3
		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	0(r fatoria				- 1	
1		underlying couse lost.	((c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d										
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	AL	OR CONTRIBUTING CAUSE OF DE	-111	M.	19	E LO VOITO DE						
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		22a I certify that (I) (this hasp				19 85	_ to April	2	1985	. th	hot (I) (we) lost
		sow the deceased alive or above, (I) (we) (did) (did no		after death	55 , or	d that in (my) (our) opinion o	death accurred on the de	ote and ho	ur and from	the co	ouses st	oted
4		22b. SIGNATURE			1	DEGREE			11000		IGNED	
		YM J	erou	-		ATTENDING PHYSICIAN	MEDICAL STAI	IAN	5	- 5.	7-8	55
		22d. PHYSICIAN'S NAME (TYPE		- 2 2		22e ADDRESS		. 0				
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		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY			STATE
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	KI	cketta Funeral	Home M	yersvîîte	, MD	21//3 JUN U	The land	anow	ACCOL AND	-		λ

144094		FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5	5 2 3
		DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
ge 3	. : "	Add	x L.	Price	5	11 85 2:55 pm
Ter p	3.	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ecto		Female	White	3 20 94	91 YR	
Pour Pour	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
deoth Junero	34	lirginia	USA	WIDOWED DIVORCED	Washington Co	ounty MD.
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	U		E OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	lu cross appose des	ttag-ind
(A BEEN E	5	md. In	ASh. HAGION	STOWN YES X NO []	750 Du a H	19h way 21740
	14	FATHER'S NAME	1	15. MOTHER'S MAIDEN NA		7 2004
7 1121	1	Margan	E. Pric	e Susan	C. A.	Breeden
execu-	1 16	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS	+==+ 2174m
Pog		100	219-46	- 2942 Bonnie Kic	e, 120 Roys	estawn md
physicio npopers novol.	4	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	ond (c),)	1,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the deot the otten remove c emotion, er troum		Conditions, if ony, which	(16) ARD	B Veir Theorysa	から	
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gane bung	3		NT CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART Ita
low required to so been seemed. The prior to so so y injury	9	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
9 5 4 6 5					YES NO	RTIFYING CAUSES OF DEATH? YES NO
Z y O O O V 81		00.00.00.00.00.00		DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng ph certifi uriol-tr entol	113	(IF EITHER NOTIFY MEDICAL EXAM	DEMIN	19		
NG PHYSICIA Totaling plants certifully os the buriol-th on Mental orked or Item	1	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Affer of the orker	1	AT WORK NOT WHILE				
ND I ourse Leol			ospital) attended the deceased from		, to	, 19, that (I) (we) lost
ATTE ospito CCTO d for f of h			not) view the body after deoth.	ond that in (my) (our) opinian	deoth occurred on the date and	
OR AIT he hosp DIRECT coched to Dept them		226 SIGNATURE	1010	DEGREE ATTENDING	MEDICAL _ STAFF	224. DATE SIGNED
RAL det		201 SHING ICHANG ALAMS	1000	PHYSICIAN (DIRECTOR PHYSICIAN	5-11-87
HOSPIT ined by FUNER old be on the Str		A R DOLL	PE OR PRINT)	27e. ADDRESS	111/1 1.10	1140 1 - 201
TO HOSPITAL retoined by the TO FUNERAL should be der with the State	-	MORAL	MITCHE MI) 1000 OW	cin'l AVE.	HAY.MO2119
	23	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY // STATE
BP	24	Burlal	15/15/80/	TRINGTON NaIT.	HRlington	· Va.
DHMH - 16 60M 7/B	4 24	FUNERAL DIRECTOR	OOPETO	syille, Rd.	20100	AR'S SIGNATURE
(VRA 15, 4)	5	10Nn.1. W1/11	ams / uppral	HUM & Bru		



3136	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL BYG ICATE OF DEATH	REG. NO	5 5 2 4
ω ξ		CEASED NAME FIRST	KIRBY	REE	AST		MONTH DAY YEAR 26 HOUR
poge 3						May 14,	
rs after	3. SE	x nale	4. RACE white	S. DATE O	rch 7, 1902	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR IF UNDER 241 MONTHS DAYS HOURS A
neral dir.	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) /irginia	76 CITIZEN OF WHAT COUNTE USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Washington	
by the fu		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR Clearview Nurs	RSING HOME C REET ADDRESS) Sing Hot	DR OTHER INSTITUTION me	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Supervis	F WORKING LIFE) INDUSTRY
spould be	130. 3	STATE 136 CC	e or other institution, give residence second type of the control	OWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / Kaetze	ZIP CODE 2/136
completely	14 F/	ATHER'S NAME Robert	Lee Ree	ed	13. MOTHER'S MAIDEN NA FIRST Margaret	MIDDLE	Tretapoe
Pages	1	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL SE 705-09-		Sandra Shire	ADDRE ey, State Li	
nding physicio carban papers , ar remaval. iatic event, the			r only one couse per line for (a), (b), USED BY DIATE CAUSE (o)	rene	of left	lower by	APPROXIMATE INTERVAL BETWEEN CHISET AND DE
hed by the attendin please remave carb ural, cremation, ar , ar ather traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFIC AND ADDRESS CONTROL OF COURT COU	(0)		NOT DELATED TO THE TEDA	NINIAI DISEASE OR CONI	A CONTROL CIVEN AND RAPEL AND
en sign ar ta bi y injury	NOIL	Cecepied a	ateriorderos	i			
has been if permit.	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🏋	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certificate rial-transite ental Hygisthem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
ter this c is the burn h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
ECTOR: At the for use of the of Healt m 21 is mo		saw the deceased alive above, (I) (well third (did	on	9 15 , 01		deoth occurred on the do	ite and have and from the causes states
RAL DIR		226 SIGNATUS	Thorn Min)—		MEDICAL STAF	FIAN 5 5 7 85
shauld be deto with the State (22d PHYSICIAN'S NAME (TY	PE OR PRINT[/		22. ADDRESS		
P#3 ₹ 7		BURIAL, CREMATION, REMOV ISPECTOR IN THE STATE OF THE STA	May 17,1985 B	Brownsv:	EMETERY OR CREMATORY ille Hgts.Cem.		
16 50M 4/83 RA 15, 4)			NNICH FUNERAL HO Blvd., Hagerstow		21740	THE SECTIONS	256. REGISTRANS SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21308



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

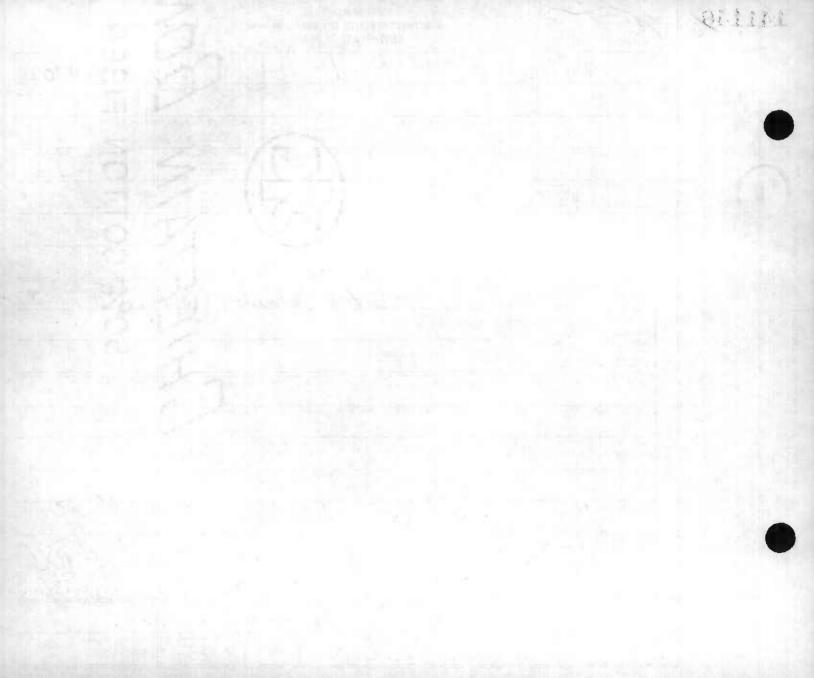
1			+3	Lan.
	2	3	2	2
050	.10			

ı	' -	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	10.		
	1. DEC	CEASED NAME OR PRINT)	1 Clar	n	Kelly	R	eed e		20. DATE OF DEATH	lay 1	4 85	26. HOUR
1	3. SEX			4. RACE		5. DATE C			6 AGE (IN YEARS LAST BI	RTHDA 1	ONTHS DAYS	HOURS MIN.
I		male		white		Augu	ist 1, 19	36	48	YRS.		
	Ja BIF	RITHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARI	CED -	BALTIMORE CITY O Washin		OF DEATH	MD.
		ry or town of dea gerstown	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H.FACTLITY, GIVE STREET A ington Co	ADDRESS)	OR OTHER INSTITUT Hospital	ION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Carman		INDUSTRY	OF BUSINESS OR
>	13a S	il residence (if nurs tate ryland	13b COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto	N	13d INSIDE CITY L		13e STREET ADDRESS 606 N. M	/ ZIP CODE	y St.	21740
	14 FA	THER'S NAME Kelly	Gi1	more	Reed		15. MOTHER'S MA Wand		Olivi		Nok	sī es
		/AS DECEASED EVER ES NO OR UNKNOWN) S		MED FORCES? E WAR OR DATES) Res.	A217-32-		Mrs. S	hirle	y V. Reed,		stown,	Md.
	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause lot, stating the underlying cause lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART 10	(0)		
	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIFY	WERE FINDI	INGS USED S OF DEATH?
	MEDICAL	21a, ACCIDENT WAS UNED OR CONTRIBUTING CONTR	CAUSE OF DEA CALEXAMINER: RED (ILE) This hospit	TH HOUR A. P. P. PLACE (AT HOME STR	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION SIREET 1 not that in my (our DEGREE ATTER	9 July 9	CITY OF TO	DWN Jate and haur	COUNTY	STATE that (*) we) lost
1	23a. 8	URIAL, CREMATION,	REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY OR CREA	AATORY	23d LOCATION	· ·	NOT	VICINI
	bu	rial		May 1	7,1985 Re	st Ha	ven Ceme	tery	Hagerston	wn, Was	sh., Ma	aryland
		DIA AAE			RAL HOME			250 DATE	REC'D. BY REGISTRAF	256. REGISTR	AR'S SIGNA	TURE
	41.	5 E. Wilso	n Blv	d., Hag	erstown,	Md. 2	21740	MA	1 1 7 1985	1000	WILLIAM -V	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTI

HMH - 16 60M 7/8

DHMH - 16 60M 7/84 (VRA 15, 4)



and Mental Hygiene prior to bur

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE REGISTRAR

STATE OF MARYLAND

REG. NO.

DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

	CEASED NAME	FIRST	-	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
(TYPE	OR PRINT)	Mary	Alea	tha	Remsbi	ura	5/1/	85	- 1	11;30p _M
3. SE.	X	1101	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI			F UNDER 24 HRS
		F	White		MONTE	2/26/1888 EAR	2 97	YRS		HOURS MIN.
3 0. BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	EATH	
	Maryla	.nd	U.S.		WIDOWE		Washing	ton		MD.
10 C	ITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF E	BUSINESS OR
	Hagers to		Clea	rview Nu	rsing	Home	Dotivod	ousewife		n Home
USU.	AL RESIDENCE (IF N	13b COUN	OTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			0
1	Mary land	W:	ash.	Sharpsb	urg	YES NO NO	Rt. # 1	Box 228		1782
14. 64	Allen D.	Eakle	MIDDLE	LAS1		15. MOTHER'S MAIDEN NAM	WIDDIE		dleka xkk	aff
	WAS DECEASED EV	ER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR		CALAR	
No	YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	219-44-4	037	learview Nurs	sing Home	Downsvill	e Pil	ke Hag.
	18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), an	d (c),1				APPROXIMA BETWEEN ON	SET AND DEAM .
	PARTI DEAT		E CAUSE (a)			Pneumonia				
			DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if o		(b)_			Organic brat	<u>in syndrome</u>	with		
	gove rise to	oting the	DUE TO, O	R AS A CONSEQUE	ENCE OF	severe deme	entia	- 100		
	underlying co	ouse lost.	(c)			SCYCIC GCIII	circia			
7	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	10000
101										
CERTIFICATION	1% DATE OF OPE	RATION	18 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUTOPSY®	IN CERTIFYING		
RTIF							YES NOW	YES 🖸		NO []
	THE ACCIDENT WAS DRICOHTRIBUTING		HOUR A	M MONTH D	AY YEAR	21s. HOW INJURY OCCURR	ED THATE WATURE OF PAIR	AT THE REPORT OF	PART 21	
CAI	(FEITHER NOTEYA	HEDCH EXAMPLE	P.		19				100	
WEDICAL	314 MAJURY OCC		21st PEACE 1	OF INJURY	ARM ETC.	711 LOCATION	city on to	2W41 CO	sunty	STATE.
		m-Dea	V 1000	112320000000000000000000000000000000000			.11			
	27s.1 certify that			decepsed from	(p -	23 10.81	_ to	24 10 8		of (III (wer) lost
		rased alive on	1) view the body	alter death.) nr	od that in (my) (aut) apinion o	death occurred on the d			TO STATE OF THE ST
	77% SIGNISTAN	1///	/		*1.	DEGREE	/	and the same of th	L DATE SK	
	Cocarlo	net	Merci	~	m		DIRECTOR DI PHYSI		5-2-8	55
	Charl		Spencer,	M.D.		1198 Kenly A	Avenue; Hag	erstown,	Md. 2	21740
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial		5-4-85	Mo	untai	n View Cemeter	ry Sharps	burg. Was	sh. C	o.,Md.
	UNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAF	256 REGISTRAR'S	SIGNATUR	RE
	John H. B	Bast, J.	r. Boo	nsboro.	Maryl	and 21713 MA	Y 6 1985	Ma David	Son-19	indella in

seriel Sometain der Dem nary Carpeourg, Watt. W. . Md.

John . Jan. T. Boomsono, Harylens 21713 WAY & WES STEELINGS

Houseville Din House

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE

CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR YPE OR PRINTS Raymond Alder Ritchie May 24, 1985 Sr. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR March 12, 1904 Male White 81 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED X DIVORCED Washington County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington County Hospital Plumber Plumbing Co. Hagerstown JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21740 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 East Washington St. Washington Hagerstown X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE John T. Ritchie Alder Marv Alberta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADD 136 E. Washington S Hagerstown, Md. 14-09-9490 Robert L. Ritchie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [] NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from. sow the decoased olive on above, (1) [see (did) (did not rview the body ofter death. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATION 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR A.K. Coffman Funeral Home.Inc.

Burial

5-28-85

Cedar Lawn Mem.

Hagerstown . Md.

Park Hagerstown Washington Md 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

157711

Saymond Alder Kirchie Er. Ma 24, 1985

Male Sares 17, 1984 SI ...

Virgirie U.S...

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And Saratation County

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Sa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LYGIEND

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S. Carrie	5	. 19	1	- 75
- 6	-	400	44.00	-

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	7	
		CEASED NAME	FIRST	TER	P Ric	hard	AGLE	20 DATE OF DEATH	MONTH DAY	YEAR -1975	9 496 M
	3. SEX	Male		Wjote	2	5. DATE O	DAY YEAR 30 1906	6 AGE (IN YEARS LAST BIR	MOAY) IF MOR	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR F OUNTRY) Cyland	OREIGN		WHAT COUNTRY	(? 8 MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O Washing	_	FDEATH	MD
0		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STRE	ING HOME C	Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O OWNET		126 KIND O INDUSTRY resta	F BUSINESS OR
5	130 S	IL RESIDENCE (IF NURS TATE aryland	136 COUN		GIVE RESIDENCE BEFO 134 CITY OR TO Hancock	WN	13d. INSIDE CITY LIMITS?	13e.STREET_ADDRESS_ 25 East	ZIP CODE Main	St. 2	1750
0	14 FA	THER'S NAME FIRST Richard		MIDDLE S •	Sagle		Martha	Jane		ďi	vel
		VAS DECEASED EVER ES NO OR UNKNOWN) yes		MED FORCES?	214-30-		Glorious Sag	le, Hancock		Land	
	N	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebre vascular Accident, left homesphere DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								ndeys	
7	CERTIFICATION	190 DATE OF OPERATION 196. COND			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, V		
9	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURF WHILE NOT WH AT WORA	CAUSE OF DEA	P./ 21e PLACE (M. MONTH M.	DAY YEAR 19 E. FARM ETC)	21t. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
		22a. I certify that (I) saw the decease abave (II)	(this hospited of the distribution)	May	12 19	85,01		death occurred an one did	FF	-	that (1) (me) lest causes stated SIGNED 13, 1985
1		Charles	ANE THE	Gen	cer		1198 K	Enly fue	Ha	sens	Town
	(URIAL, CREMATION, SPECIFY) burial	REMOVAL	May 15			ewetery or crematory aven Cemetery	23d tOCATION Hagersto	own, Wa	sh.,Ma	ryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

May 15,1985 Rest Haven Cemetery

Hagerstown, Wash., Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

3	2	3	do	-
			770	

2	3	do	-
1177		915	

		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		
3	eosh eosh	1. DECEASED NAME (TYPE OR PRINT)		ranklin Sc	HINDEL	20. DATE OF DEATH MONTH	L8 85 26 HOU	18/14 A M
	mod .	3. SEX	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN.
_	4 00 to	Male	White		ust 19, 1906	78 YRS.		Willed.
	2 32 86	70. BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY2 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
J		Hagerstown	, Md U.S		ED NORCED	Washington		ME
	11 200	10. CITY OR TOWN OF DEA	TH 11. NAME OF H	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINE	ESS OR
0	1 50 7	Hagerstown		gton County	Hospital	Foreman	Organ Mfg	g.
ND 212	(N 3)		13b COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Hagerstown	13d INSIDE CITY LIMITS? YES NO X	Rt. #8, Box 8	10 21740)
YLA	(Billy	14 FATHER'S NAME	WIDDLE	IAST	15. MOTHER'S MAIDEN NA	ME		
MAR	11/1	Lemuel	Edgar	Schindel	Mary	Catherine	Lobert	
RE,	1 0	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT		gerstown, M	ld.
IMC	# 60 A	No	THE TEST, GOTE TO AN ON DATES	217-09-2913	Odell Deite	erich 303-c N. C		
ALI	2 98 - 41	IR CAUSE OF DEATH	H (Enter only one couse per	line for (a), (b), and (c),)			APPROXIMATE INTER	EVAI DE ATH

PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and (c).) SED BY: IATE CAUSE (o) Cardio for lunery Array
Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) My o cardial infarcher DUE TO, OR AS A CONSEQUENCE OF

198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOF

216. TIME OF INJURY 218. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

22e ADDRESS

CITY OR TOWN

STATE COUNTY

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death 27b. SIGNATURE

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

(our) opinion death occurred on the date and hour and from the causes stated

1600 234 NAME OF CEMETERY OR CREMATORY

Hagerstown Washington Md.

(SPECIFY) BP

230 BURIAL

CERTIFICAT

MEDICAL

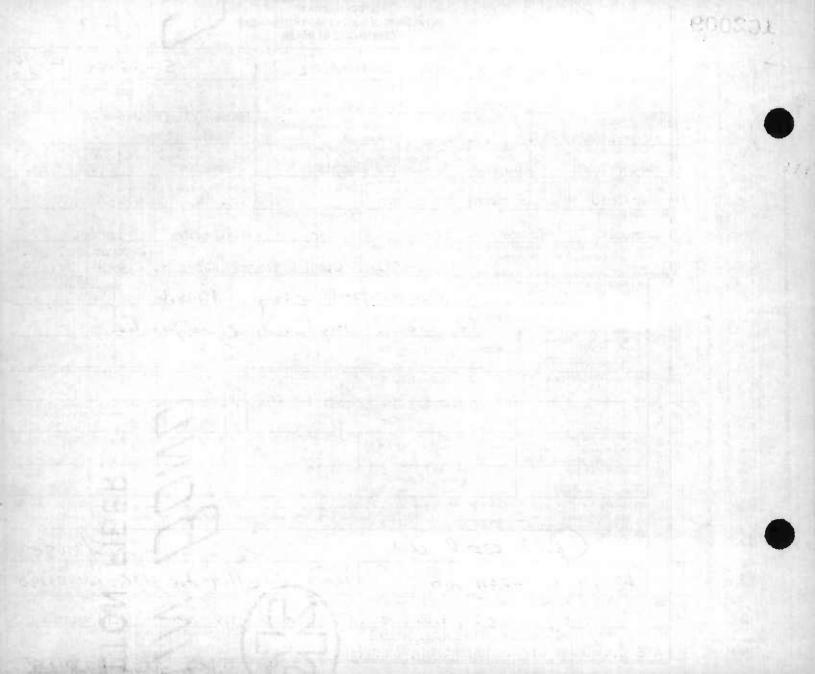
May 30, 1985 Rose Hill Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd. Hagertown, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 4/83



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA YGIENE CERTIFICATE OF DEATH

6	ina	- 17	-7	1
-	3	5	3	-

wia Davidson Randell

	CEASED NAME	FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
(TYPE	OR PRINT)	Plun	Virginia E	TTLES	May 30	1985 833 1
3. SE	Х	RACE	5. DATE O			UNDER I YEAR IF UNDER 24 HRS
	Female	White	e Month	1 191 YEAR	70 YRS	NTHS DATS HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
1	lagerstown		A. widowi	ED DIVORCED	Washingto	n Co. MD.
10 C	ITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING HOME (CNEACHLITY, GIVE STREET, TOPICSS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
H	agersto	wnHua	lon IIIa	nor	Never employed	
13a.	al risidence (# nurs state aryland	13b COUNTY Washington	134 CITY OR TOWN Hagerstown	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 428 West Washir	ngton St. 21740
14. F/	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
	James	Duskin	Settles	Sarah	La	wson
		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	428 AWPRES Washi	
	YES, NO OR UNKNOWN)		220-58-3625	Larue Doma	ruk Hagerstown,	Md. 21740
	18 CAUSE OF DEAT	H (Enter only one couse pe	r line lor (a), (b), and (c)	la I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI DEATH	IMMEDIATE CAUSE (0)	Cardine	Hrrest		10 minutes
		DUE TO, C	R AS A CONSEQUENCE OF	11+	A L 1	10-
	Conditions, il ony, which gove rise to immediate				fac() T	1074/44003
	couse (0), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Athero Sclerusic				C - /	Years
	PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT		AINAL DISEASE OR CONDITION GIVEN	V IN PART 110
NO.	Consen	rital Heart	disease - C	long enitally	Shortened Lombe	
CERTIFICATION	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
I E					YES NO YES	
	210. ACCIDENT WAS UNE	110110 4	OF INJURY .M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB PAR	I 1 OR PART 2)
CAL	(IF EITHER, NOTIFY MEDI		.M. 19			
MEDICAL	21d INJURY OCCURE	LAT HOME ST	OF INJURY REET, FACTORY OFFICE FARM ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
-	WHILE NOT WH	RK U	Ma	0,	64	1
		(this hospital) attended the	ne deceosed from	. 19		that (I) (we) lost
		did) (did not) view the body	9-3-0		death occurred on the date and hour o	
	226 SIGNATURE	1 le mi	2	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
	0000	dest 190	1	PHYSICIAN E	DIRECTOR PHYSICIAN	May 30, 1985
Y.	22d PHYSICIAN'S NA			22e ADDRESS 411	Division Ave	
		m W. Lesh,			wn, Md. 21740	
230.	BURIAL, CREMATION, (SPECIFY) Burial			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY MA STATE
	Burial	June	1, 19 \$ 5 Rose	HIII Cemetery	Hagerstown, W	asn. Ma.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

should be detached for use with the State Dept of Heal MPORTANT. If Hem 21 is Exist on the Service of the Service and kentpantenul

127,151

	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

1553

		REGISTRAR				CERTIF	ICATE OF DEATH	F	EG. NO.		
	1 DEC	CEASED NAME OR PRINT)	FIRST	м	IDDLE	SI	AST C C	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR /8
			Ther	\	+	Jn	197ER		5-1	1-85	1: AM
	3. SEX	0	4 RA	CE		5. DATE C	OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		TEMAIR	C	HUSI		6	-11-93	90	YRS		HOURS MIN.
19	No. o	RTHPLACE (STATE OR FOR	EIGN 7b. C1	TIZEN OF V	VHAT COUN	TRY? 8	D NEVER MARRIED		CITY OR COUNT	Y OF DEATH	
4		eathedsvill		U. S.	. A.	WIDOWE		Washi	.ngton		MD.
	10 CT	TY OR TOWN OF DEATH			OSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING L		F BUSINESS OR
	Hag	gerstown				Nursing	Home	Housew			Home
-	13a. S		b. COUNTY		13c CITY OR	TOWN	13d INSIDE CITY LIMITS?		RESS / ZIP COD		
/			Washing	guon	Hager	Brown	YES NO		Box 165	A 217	40
^	14. FA	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDEN N.		DDLE	LAS	aT .
1		David			Stale	ey	Celei			Stu	
		VAS DECEASED EVER IN	U.S. ARMED F		166 SOCIAL	SECURITY NO.	17 INFORMANT		AD 525 Du	al Hiwa	v
	N		i ica one man	0107123)	214-74-1708 Catherine Mc			c Cauley, Hagerstown, Md. 2174			
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))								APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	MEDIATE CAL	USE (a)	Occuroma of the Ha			ancilas		2	yean
					AC A CONIC	EQUENCE OF	1				1
		Conditions, if any, w		(b)	AS A CONS	EGOENCE OF					
		gave rise to immed	diate	OUE TO OR	21400 4 24	EQUENCE OF					
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIF	ICANT COND	ITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION GI	VEN IN PART 1	o o
	CERTIFICATION										
7	CAT	190 DATE OF OPERATIO	I NO	96 CONDIT	ION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPS	? 20b. IF YE	S, WERE FINDIN	4GS USED
	TIFI		201					YES N		ES [NO [
2	CER	210. ACCIDENT WAS UNDER		16. TIME OF	INJURY A. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	74 11 45 10
1	AL	OR CONTRIBUTING CAU	SE OF DEATH	P.A		DAT TEAK	V. 1. Q. V				
1	MEDICAL	21d INJURY OCCURRED	2	le PLACE C	OF INJURY		211. LOCATION				
	W	WHILE NOT WHILE	()	AT HOME STRE	ET FACTORY, OF	FICE, FARM ETC)	STREET	CI	Y OR TOWN	COUNTY	STATE
d		220.1 certify that	ns hospital) of	ttended, the	deceased fr	om	19 75	1 to	Max (10 85	that (1) Que last
		sow the deceased alive state of the body after death of the state and hour an above. (() we) (did) (did not view the body after death)							ur and Iram the	causes stated	
		226. SIGNATURE	-71	-0	aner dearn		DEGREE			22c DATE	SIGNED
		()(0)	A Vous	W			ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN	5/	1/25
		22d PHYSICIAH 3 NAM	E LIVPE OR PRINT	0	11		22e ADDRESS	Ad	Λ	1/	10/
		0.006	170	BYL	111		1759	Cutron	oc Auc	. Ho	1905/an
	23a B	URIAL, CREMATION, RE		DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	1
]	Burial	9	5-4-89		Boonsbo	ro Cemetery		boro, Wa	sh. Co.	, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offendir should be detached for use as the busial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

John H. Bast, Jr. Boonsboro, Md. 21713

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AY 0.3 10851 74. F.

The state of the s

Acceptant Samilarton Engaretown & 21. Box 1554 21740

avid seley seley state

1. 2. 1 1.1.3

Signature of couring to couring the couring of the

dericl 5-4-5 becaraous cometer Scomsbore, sh. Co., Ms. deng E. Unse, dr. Bobnsbore, Ms. 21713

142077

ST	ATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL EXIGENS

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		RST A	NDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26 HOUR
TIPPE	LEONA	RD L	. 5H+	AFER	MAY	16, 1985 7:45 AM
3 SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
	MALE	CAI	oct oct	. 19,1921 YEAR	63	YRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIG	GN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
1		Md. U.S.			Washington	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME (HEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Ha	gerstown	Washi	ngton County	Hospital	Tavern Operat	cor Tavern
13a S	STATE 13h		GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Hagerstown	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP 912 Kenly A	
14. F/	ATHER'S NAME	WIDDLE	(457	15. MOTHER'S MAIDEN NA	WE	
	George	Henry	Sheffer	Kathry	n Middle	Mills
	WAS DECEASED EVER IN L		166 SOCIAL SECURITY NO.	17. INFORMANT	ADD 912	Kenly Ave.
Ye	YES NO OR UNKNOWN) (IF	W. W. TWO	219-12-1784	Mrs. Corlis	s Shafer, Hage	erstown, Md. 21740
	Conditions, if ony, wh gave rise to immedi cause (a), stating	nich (b)	RAS A CONSEQUENCE OF	ARTERY	ARREST DISEASE	
z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITIO	ON GIVEN IN PART TIO
CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	?1g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	(EM 18 PART I OR PART ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?le PLACE (OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this	s haspital) attended the	deceased from	, 19	, to	, 19, that (1) (we) last
	saw the deceased a	live an(did not) view the body	otter death 19, a	nd that in (my) (our) apinion	death occurred on the date of	nd hour and from the causes stated
	27b. SIGNATURE	luard 1	By of M.D.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 16 May 85
1	774 PHYSICIAN'S NAME	(THE OR PRINT)	0	22e ADDRESS		
	EDWARD	BYRD	M.D.	1198 KEN	LY AVE. H	AGERSTOWN MI

23a BURIAL, CRE
SPECIFY)
Burial CREMATION, REMOVAL 5-18-85

236 NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery

23d. LOCATION
CITY OR TOWN
Beaver

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR

PORTANT: If he

74 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713

Actual of the control of the control

5-12-15 Janver Green Committee Descriptions, Mach. Co., Ma.

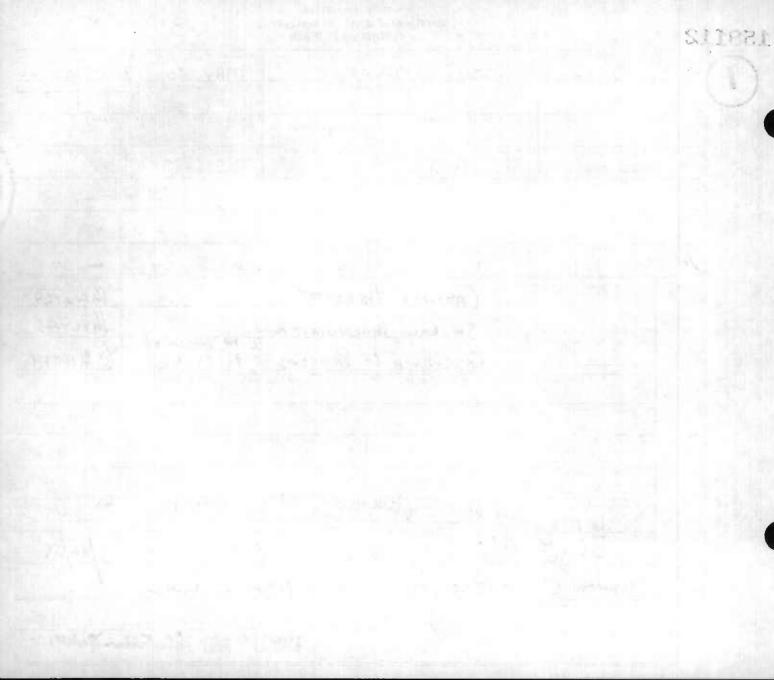
1-1-6

John H. Bast, Jr. Boonspore, Mi. 27773

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE

	REGISTRAR			CEKITI	ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST	/	MIDDLE	ı	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
TITPE	Richard Richard	1 2	ANP	SHA	FFFR	may,	26	1985	10:15 AM
1.5E	X	4 RACE	,,,,,	5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	male		white	July			56 YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
-	nnsylvania	U.S.	Α.	WIDOWE		Wa	shing	ton	MD
7	agerstown		HOSPITAL, NURSING FACILITY, GIVE STREET COUT		or other institution spital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS machines	T OF WORKING		
13a :	AL RESIDENCE UP NURSING HOME OF STATE INDESTRUCTION OF THE PROPERTY OF THE PR	NTY	GIVE RESIDENCE BEFOR 13c CITY OR TOW State L:	/N	13d. INSIDE CITY LIMITS? YES NO	P. O. Box		DE 1726	3299
14) F/	THER'S NAME D. David	WIDDLE	Shaffer		15. MOTHER'S MAIDEN NA	MIDDLE		Cable	.51
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS		
(yes no or unknown) (IF YES. G	IVE WAR OR DATES)		150	Mr. Robert 1	E. Shaffer,	Humm		
	18 CAUSE OF DEATH (Enter of	inly ane cause per	lipe for (a), (b), an	nd ici N			TO Earl	APPRO) BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	(ARDIA	-c /+	RREST			lu1	vures
TION	gave rise to immediate cause (a), stating the underlying cause last	(c)		DEATH BUT			DINDITION G		
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDS IFYING CAUSES ES	
19533	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME STR	OF INJURY REET FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	The I certify that this hosp sow the deceased alive o above, If the Islah (did a			\$5 , ar	mb 19 8 and that in my (our) opinion	death occurred on the	date and ho	, 19 S.	that (1) (we) last causes stated
	17 SIGNATURE	- Mel	eun	W	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [220 DATE	6/85
	STEPHEN E	1/4	ENON, M	D	1825 Ho	WELL R	DAD	1	
	URIAL, CREMATION, REMOVA	1 000	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1 20-1	
	burial		,1985 Be:	rkey (Cemetery	Paint Tov	vnship	, Somer	set, PA
		ICH FUNE	RAL HOME		11/1/184	Paint Tov			set, PA

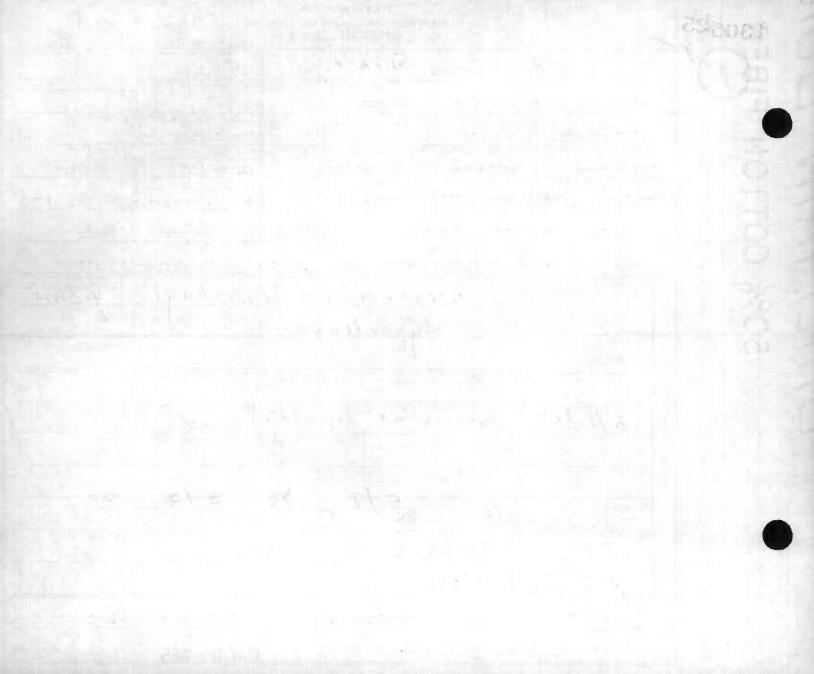
DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND CERTIFICATE OF DEATH

- 62	146	4	100.3	
1	5	2	S	4

130525	1:	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL LEP'G ICATE OF DEATH	IEMP 1 5 2	3 4
eq (Fig.)		CEASED NAME FIRST OR PRINT) Donald	Eugene	Shi	ble y	May 3,1985	DAY YEAR 26 HOUR
ge 4 moj	3. SE:	Male	4. RACE White	Janu	ary 31,1930	6. AGE (IN YEARS LAST BIRTHDAY) 55 YRS.	MONTHS DATE HOURS MIN.
deoth. Po		Williamsport,	76 CITIZEN OF WHAT COUNTS USA	WIDOWE		BALTIMORE CITY OR COUNT Washington	Y OF DEATH
by the filed with	2	ITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NUR (IE NOT IN SUCH FACILITY, GIVE STI Washington Co	unty Ho		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Custodian	IPE) INDUSTRY INDUSTRY Industry
in 24 hour	13a S		other institution give residence be ity ington Willia	NWC	YES 📉 NO 🗌	13e STREET ADDRESS / ZIP COD 403 S. Conocoche	
completel		THER'S NAME FIRST Lewis Gar VAS DECEASED EVER IN U.S. AR.	field Ship1		Pauline 17 INFORMANT	Margaret ADDRESS	Swain
oe execu			E WAR OR DATES)		Betty M. Taylo		,MD 21740
the death certificate the attending physicis remove corbanapaper emotion, or removal.		18 CAUSE OF DEATH lenter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (o), stating the	E CAUSE (O) NATO	ACEY DUENCE OF WOPY	1 - 1	morrhage	APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH 4 8 M S .
The low requires that clan. The has been signed by sit permit. Then please green prior to buriol, or green grown on yinjury, or other hows any injury, or other please.	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	(c)ONDITIONS CONTRIBUTING TO	O DEATH BUT		IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
DING PHYSICIAN or ottending physics After this certification te as the burial-tronsolith and Memial Hyginian and Memial Hygini	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IFEITHER NOTE MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AUGUST	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	c 1	216. HOW INJURY OCCURR 216. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR, should be detached for us with the Store Dept. of He MAPORTANT: If them 21 is		sow the deceosed alive on above, (I) (we) (did) (did noi 276 SIGNATURE 22d. PHYSICIAN'S NAME TYPE O	View life body ofter death.	25 an	DEGREE ATTENDINGS	MEDICAL STAFF DIRECTOR PHYSICIAN	or and from the causes stated 22c. DATE SIGNED
0 % 0 % M	(SURIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY WN M.P.		shingtonMaryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 Ft	Major M.Osl	borne Williams	ort,MD		EREC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

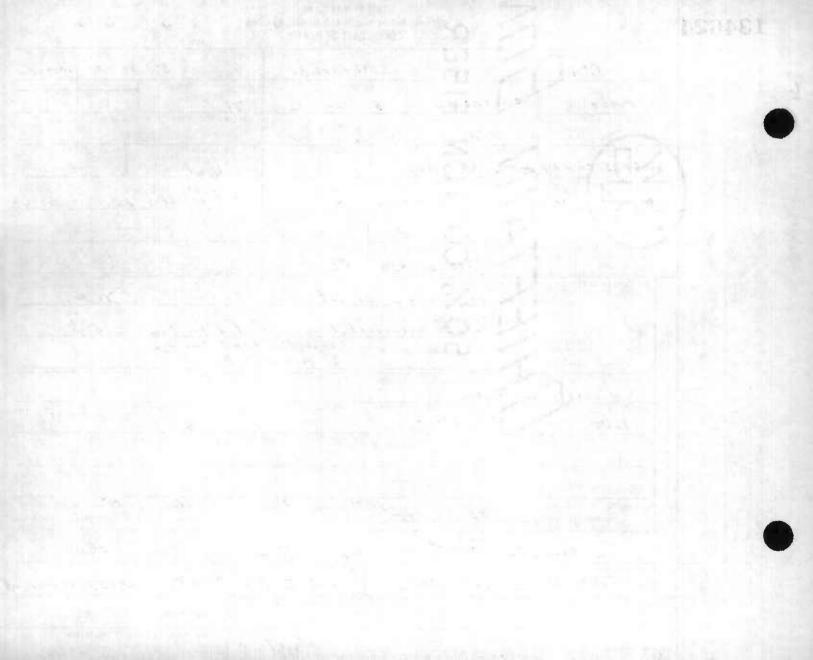
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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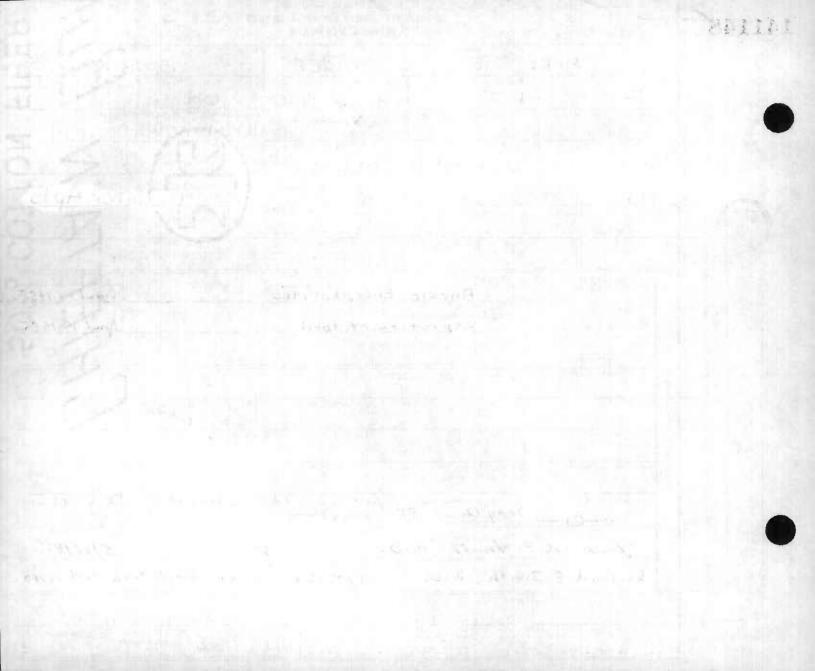
								REG.	NO.				
		CEASED NAME FIR	st /	AIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	25 HOU	JR
	(TYPE	OR PRINT) ROY	Waybr	icht	St	DEMAK	ER		5	3	25	10:3	BOPM
	3. SEX	X .	4. RACE	16.1.0	5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	
		MALE	cauc,		MONTH		YEAR	~/		MONTHS	DAYS	MOURS	MIN.
9	20 DII	RTHPLACE (STATE OF FOREIG		WHAT COUNTRY?	8	22	13	9 BALTIMORE CITY	YRS OR COUNT		CATH		
6		COUNTRY			MARRIE	D NEVER	MARRIED -				EAIN		
/		nnsylvania	US	1	WIDOW	- CERL	IVORCED		ashing	_			MD.
1		TY OR TOWN OF DEATH MGERSTONN	/ IF NOT IN SUC	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING	LIFE) IN	L KIND OF DUSTRY Cacto		ESS OR
5	13a S		OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW HAGERS	/N	13d. INSIDE (NO [13e STREET ADDRES	S/ZIP CO	DE	0	2	1740
1	100	THER'S NAME	The Date of	7-		15. MOTHER	S MAIDEN NA			,			
1	1	Walter	MIDDLE	Shoemak			largia	MIDDLE	8500	Way	ybrig	ght	
1		VAS DECEASED EVER IN U	YES, GIVE WAR OR DATES	IVE WAR OR DATES!				ADDRESS					
		no		340-12.7	1020	PY.M's Karen Shoemaker, Fayetteville, PA							
3		18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:									MATE INTER	RVAL D DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) respire Eary arres						s t			Yr Sh		
		Conditions, if any, which (in a cute an Euroseptal my ocardial infaction 50.											
		gove rise to immedia	ote (b)	KIUIE WA	1 5 6 1 3 9	Pear	19 ocaro	La I f	(-00		0 2	-	
		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. (b) Acute an Euroseptal my ocardial infarction 50. DUE TO, OR AS A CONSEQUENCE OF 3° A. U black											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
	0	diabetes mellatus											
1	CA	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?			CAUSES				
	CERTIFICATION	5/3/85	3 A	-ublock			YES NO		YES 🗍	0.10020	NO [
7	GE	210. ACCIDENT WAS UNDERLY		FINJURY M. MONTH D	AV VEAD	21c HOW I	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I O	R PART 2)		
1	AL	OR CONTRIBUTING CAUSE	OF GEATH		19								
	MEDICAL	214 INJURY OCCURRED	21e PLACE		17	211 LOCATION							
	ME	WHITE NOT WHITE AT WORK AT WORK										STATE	
		22a.1 certify that (1) (this	haspital) attended th	e deceosed from	41	29/	, 19 PJ	, to	/3	19		that (I) (we) last
		sow the deceased alive an											
		obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE / DEGREE 22c DATE SIGNED											
		Co Somes B Topyeld mo ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN D								5/3/21			
1		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	/		1228 ADDRE		A BINECION PHYS	ICIAN [/0	~	
/			95 B. F.	/AVn.non				FIRST S	7	MA	2000	-	
									Þ	11110	CRS	100	in, M
	23a B	SURIAL, CREMATION, REM SPECIFY) burial	OVAL 23b DATE	1005 0	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	orm T	الالتام م	م هـ م خاله	n MT	DATE
		Durial	may /,	1985 Ce	uar La	awn men	. rark	Hagerst	JWII, V	vasm	rugto	11 11	0.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
AND SAME
415 East Wilson Blvd., Hagerstown, Maryland 217444 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



141148	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL	PEG. NO.	3 6
e 4 may be ctor. page 3 s ofter death		ECEASED NAME PE OR PRINT) EX EX	Elizabeth	Shrader S. DATE OF BIRTH ADAM ADA	6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 5 M
in by the funeral direction of the within 72 hours	5 10. 1 t	COUNTRY) Maryland	(IF NOT IN SUCH FACILITY, GIVE STREET WAS HINGTON	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION ADDRESS) COUNTY hospital	9 BALTIMORE CITY OR COUNT Washington 126 USUAL OCCUPATION (147E OF WORK FOR MOST OF WORKING LE headteller	COUNTY MD 12b KIND OF BUSINESS OR INDUSTRY bank
omplete has	14.	Mash Wash	Hagerst Hagerst Gigeou	own AYES NO X 15. MOIDER'S MAIDEN FIRST Adeli	MIDDLE	LÔ19 21740 Burke
physican and physican and negret, Poge moves, the medic	8 3	(YES, NO OR UNKNOWN) IF YES, GIVE NO 18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED	217-09-	9544 Jack T. Shr	ader, Hagerstown,	Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cornel 19 1985
signed by the ottending the please remove cold the please remove cold to barrol, cremention, or a quey, or other traumcette.	NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	erminal disease or condition gi	April 19,1985
The law re storm out permit. T ygaller prior tallows ony in	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
ADNG PHESCIAN or offending phy cather the central or on the burders or only when the morked or flem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (this baspit	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE al) attended the deceased from	AY YEAR 19 211 LOCATION SIREET	CITY ORTOWN	COUNTY STATE
HOSPITAL OR ATTEN- timed by the bospital FLINERAL DIRECTOR und be described for a und be described for a trie State Diept un in ORTANT if hemo 21 in	1	224 PHYSICIAN'S NAME (TYPE OF	E. Amita 12	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN HILL AUE. Hagerst	27c DATE SIGNED 5/12/85
BP	24	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	236 DATE 236 May 16,1985 R CH FUNERAL HOME	NAME OF CEMETERY OR CREMATOR OSE Hill Cemetery	23d LOCATION CITY OR TOWN Hagerstown, Wa	state ash., Maryland



	1						OF MARYL				James .	.1 10 1	-		
49132	1-	STATE				ENT OF HE		(J	-		5	2 3	/		
TOTON	1 100	REGISTRAR CEASED NAME	1911	WE	MIDDLE	XAMINER	2 CEKTIF	FICATE			REG.	NO.			
Mary Code Par		E OH MANUEL	ROBE	0.4			NOWD EN			2a. DATE K	ESTI-	0		YEAR	26 HOUR
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(83)		lale	Black	July 4	1941	43 YRS.	MONTHS DAYS	HOURS		PRONOUNG DEAD	CED	MAY		1985	9:35
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ECORDS, 10		ty or town		11. NAME OF HOS (IF NOT IN SUCH FA Washin	CILITY, GIVE STR				FOR N	ALOCCUPA COST OF WORK	ING LIFE)	TYPE OF WORK	126 KIN OR	ND OF BUS R INDUSTR	SINESS
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7	_	ATHER'S NAME						THER'S MAID	EN NAME	CONTRACT AND		V COLIII K	7002	± 1 +C	
11		Max		NMN	Snow	ien	Al	ice		NM	N DDIE	Mo	nro	AST	
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	>	18 CAUSE O PART I DE	ATH WAS CAUSE		for (o), (b), (885 -	ond (c).) FELL OF	LEVEL	SURFA	CE (s	TREET	-)		BETW	PROXIMATE VEEN ONSET	AND DEATH
/GIENE, OVAL.		PART I DEATH WAS CAUSED BY: E-885 - FELL ON LEVEL SURFACE (STREET) DUE TO, OR AS A CONSEQUENCE OF								27 HRS.					
OF HEALTH AND MENTAL HYGII RIAL, CREMATION, OR REMOV/			is, if ony, which												
S. S.		couse (o)	stoting the under-		AS A CONS	EOUENCE OF									
Ŏ,		lying cou	se last.	(c)											
EVA	z	PART 2 OTHER SI	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERMINAL	ISEASE OR CONOIT	TION GIVEN IN P	ART 1 tol.						
_	CERTIFICATION	19e. DATE OF	OPERATION	196. CONDIT	ION FOR W	HICH OPERATION	N WAS PERFO	ORMED?					120 AI	UTOPSY?	
2	FIC	5/2	20/85			EMATOMA								ES 🗆	NO X
2	CERT		L CAUSE WAS	216 TIME OF	INJURY	2	Ic. HOW INJUI	RY OCCURR	ED (ENTERN	IATURE OF INJU	RY IN ITEM	18 PART 1 OR PA		E2 []	NOW
	CAL	UNDERLY ING	OR CAUSE OF	DEATH 8:30	MAY !	20 19 85 F	ELL IN	MIDDL	E OF	STREE	T WL	1115	AVIA	10 00	171100
5	MEDICAL	21d. INJURY C	CCURRED	21e PLACE C	OF INJURY	(AT HOME, 21	LOCATION								ZVKE
1	5	WHILE AT WORK AT WORK STREET STREET JONATHAN & CHURCH ST. HAGERSTOWN, WASH., MD.										MD.			
-1			22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my apinion												
		death results	d Irom: Notu	rol couses .	Accident [TOP		micide .		rmined mon],			
		ACTUAL	5.7	0	90	/	TITLE	(SPECIFY)							
-		ACTUAL SIGNATURE	(du	and W.	NICH	020	M.D. DE	PUTY		CAL EXAMI		DATE	ED MA	v 22	,1985
3511 Z		EXAMINER'S	NAME FOWAR	RD W. DITT	0. 111	L. M.D						N STR	EET		
_	27 5			RD W. DITT			ADDRESS				RYLA	ND 21	740		
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	24 FL	JNERAL DIREC	rial	2/24/0	Ro	se Hil	Ceme	etery	REC'D BY	gerst	25h RE	GISTRAR'S S	sh.	Md.	
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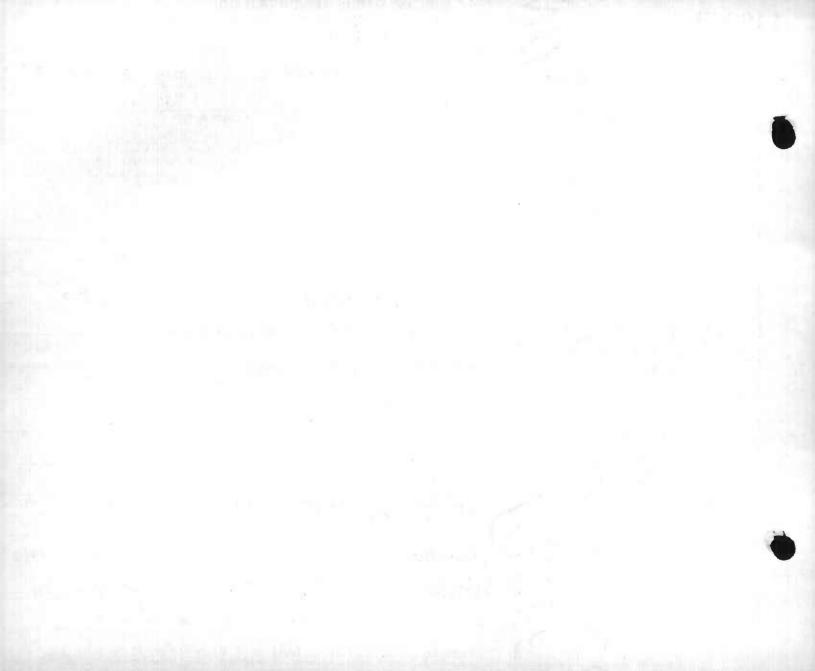
104	- 5	OR TATE EGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL W GERTIFICATE OF DEATH	GIENE 1 5 5	3 8			
	1. DECEASED NAME (TYPE OR PRINT) ROSA		B.	SNYDER	20 DATE OF DEATH SONTH 21 185 4:30				
rs after d	sex Fe	emale	White	July 16, 1887		IF UNDER 1 YEAR IF UNDER 24 HRS			
in 72 hours of dir	Ma	HPLACE (STATE OR FOREIGN)	U.S.A.	* MARRIED NEVER MARRIED WIDOWED NEVER MARRIED	Washington Co				
by the	На	gerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Ravenwood Luth	ADDRESS) Aeran Village	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Nurse	126 KIND OF BUSINESS OR INDUSTRY Hospital			
Id be	Ma	TE 136 COUN	other institution give residence before TY 13c. CITY OR TOWN Hagers	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 925 Oak Hill	21740 Avenue			
隆][Samuel N	M. Burger	Alveni:	a B.	Fleming			
s. Pog	(YES	S DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE NO —	AED FORCES? 166 SOCIAL SECUI war or dates) 217-56-		ADDRES 2435 Snyder Hage	Paradise Dr			
hed by the attendin plesse remove corb urial, cremotion, ar- , or other troumotic	0	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF WIND THE TERM	MINAL DISEASE OR CONDITION CIVE	NUM PACT 1			
tion. Is has been sign. Is permit. Then given prior to but to b	191	o. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?			
	MEDICAL 12	ID. ACCIDENT WAS UNDERLYING PRICONTRIBUTING	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FJ	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN	(DUAIT)			
hospital or at RECTOR Affer ed for use as i pt. of Health a	27	AT WORK AT	10	, and that in (my) (our) opinion	death occurred on the date and hour	9 that (I) (we) last and from the causes stated			
retoined by the high should be detache with the Stote Dep IMPORTANT: If the	22	M PHYSICIAN'S NAME (TYPIGE	WOVENS	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN D	15/22/80			
P		RIAL, CREMATION, REMOVAL		AME OF CEMETERY OF CREMATORY est Haven Cemete	23d LOCATION CITY OR TOWN ery Hagerstown	Washington			

DHMH - 16 60M 7/84 (VRA 15, 4)

A.K. Coffman Funeral Home, Inc., Hagerstown

A.A. cofficer Canaral come, inc., Hagerstoner in contract the

MARYLAND STATE DEPARTMENT OF HEALTH 140023 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR 1 DECEASED-NAME **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. after death. Charles Month signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please femare carban papers. Pages I and Day Year (Type ar print) SDINNLER IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE DATE OF BIRTH 6. AGE (In years 3 SEX last birthday) PHTHOM DAYS HOURS white male April 16, 1913 72 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED New Jersey DIVORCED [USA WIDOWED [Washington 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY washington County Hosp. Hagerstown insurance 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21740 13b. COUNTY Washington admissian) STATE NO X Maryland Route 6, Box 232 Hagerstown 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Last Last William Spinnler Agnes Smith pup 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) 038-07-6182 Helen A. Spinnler, Hagerstown, Md. removal, No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hrs Б IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been priar ta l as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES V NO [detached far use 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Manth Day Year af (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark ____, 19_74_, ta. 22a. I certify that (I) (this haspital) attended the deceased fram 12-10 _____1925, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an-514 causes stated abave, (1) twe) (bid) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING DIRECTOR director, page shauld be filed ed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) bu PEMOVAL (Specify) May 9,1985 Laural Grove Cemetery Totowaboro, N. J. 24. FUNERAL DIRECTOR MINNICH FUNERAL HOMEADDRESS 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) Julia Nacidana Pondolla 25m-1/70 415 E. Wilson Blvd., Hagerstown, Md. 21740



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MEDICAL

MARYLAND 21201

PRESTON ST.

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND APPARENT AF HEALTH AND MENTAL HVALEN

12b. KIND OF BUSINESS OR

Home

Oster

APPROXIMATE INTERVAL

NO I

STATE

INDUSTRY

21782

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

12a, USUAL OCCUPATION

Housewife

13e. STREET ADDRESS

20g AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

(TYPE OF WORK FOR MOST OF WORKING LIFE)

105 E.Main St.

Naomi

Hagers town, MD

		CERTIFICATE OF DEATH	() I OI ()
FIRST	MIDDLE	LAST	2a. D
DA 1 - 10	V	C 22 1/2	

- STATE REGISTRAR REG. NO 26. HOUR DECEASED NAME ATE OF DEATH (TYPE OR PRINT) 7-12-FAULINE 秋 Uster 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH MONTHS DAYS Female White 13, 1898 October | 86 YRS. To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON

YES TX

17. INFORMANT

211. LOCATION

NO T

MXXXX Lutie

15. MOTHER'S MAIDEN NAME

Henry DeLauney

Maryland USA WIDOWEDY DIVORCED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington County Hospital

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?

Sharpsburg Maryland Washington 14 FATHER'S NAME

Landis Henry I An WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO.

(YES, NO OR UNKNOWN) no

213-74-1304

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.

19g, DATE OF OPERATION

21d INJURY OCCURRED

22b. SIGNATURE

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING T CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive on_

224 PHYSICIAN'S NAME STYPE OF PRINTS

above, (1) (we) (did) (did not) view the bady after death

DUE TO, OR AS A CONSEQUENCE OF

15 cheu

Adams

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10

21b. TIME OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR P.M 19

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1

22a.1 certify that (1) (this hospital) ottended the deceased from_ _, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

> ATTENDING MEDICAL PHYSICIAN 22e ADDRESS

.. 19...

DIRECTOR PHYSICIAN

STAFE

, 19____, that (f) (we) lost

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIRECTOR

24. FUNERAL DIRECTOR Major M. Osborne

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

May 15, 1985 Mt. View Cemetery

Willaimsport, MD 21795

23c. NAME OF CEMETERY OR CREMATORY

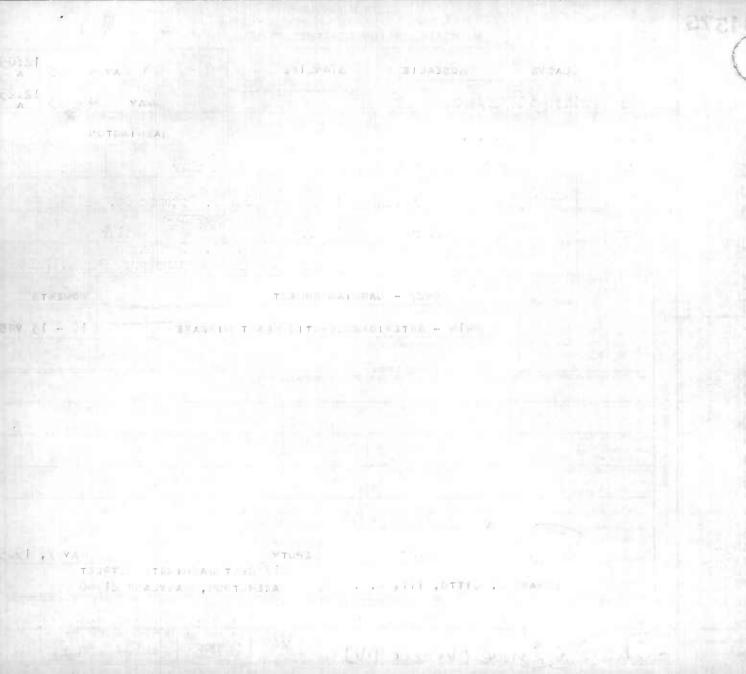
DEGREE

23d. LOCATION

Sharpsburg Washington Maryland 250. DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE Juna Davidson- Randoll

STEED AND HAVE PROPERLY TAME TO SEE MY SEE HAVE FURTHER TO SHOULD BE SEEN.

									ARYLAND							
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	No.		REGISTRAR -		ME	EDICAL	EXAMINE	R'S CI	ERTIFICA	ATE OF	DEATH	1 '	REG. NO.		•	
15			CEASED NAM	E FIRST		MIDDLE		L	AST		2a.	DATE KNO	OWN MON	TH DAY	YEAR	25_HOUR
1 ,	12 S.S. P.	{TYP	E OR PRINT)	GLADY	S	ROSEA	LIE	SI	TARLIP	ER		OF ES	TED X MA	VL	19 85	12:05
-	SE S	3 SEX	(4 RACE	5. DATE OF BIRTH		6 AGE (IN YEAR						MON			2d. HOUR
	DUREC DUREC 72 HC NO ST	Fe	emale	White	MONTH DAY	YEAR	LAST BIRTHDAY	MONTHS	DAYS	HOURS			MAY	4	1.85	12:25
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9	AND THE STATE OF T	Ma	iryland					WIDOWE	D	DIVORCE	0 🗆			GTON		MD.
-75	2 부명	10. CI	TY OR TOWN	OF DEATH				OR OTHE	R INSTITUTIO	ON	17e USUAL	OCCUPATI	ON (TYPE OF WO	RK 17b K	IND OF BU	SINESS
	PA PELA				Washing	ton Co	ounty H		al		Home	maker	tirej	H	ome	X1
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. Q	- CS CS C -		THER'S NAME		11130011				15. MOTHER'	'S MAIDEN			oma o o o			
m,	TAS AS			n	WIDDLE							WIDDLE	Mil	10	LAST	
VO	20 × 0/	16e. V	VAS DECEASE	DEVER IN U.S. AR				NO. 1			R+	#3 A				
E .	SSSS	{Y		(IF YES, GIVE	E WAR OR DATES)				Dehra	Land					na 17	236
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O	VAL VAL			IMMEDIA					O ARRE	101				IV	OWEN	18
EST	WO HY		Canditia	ns if any which	4.1	. 4 1.				. Harri	- 0			1	0 1	
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× =	- IIS - ZO	29			DUE TO, O	R AS A CON	ISEQUENCE OF									
2.2	DE SE DE SE				(c)											
ORO	S A BL	Z	PART 2 OTHER 51	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	TED TO THE TERMIN	AL OISEASE (OR CONDITION G	GIVEN IN PART	Tia				1	
ex m	A PER	ATK	19a DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPERA	TION WA	S PERFORME	ED?				20	AUTOPSY?	
Z.	A SEE SEE	문														
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0	SHEDWIN	1									,					
50		NA NA						71f LOC	ATION							
N	SE S	ME	WHILE	NOT WHILE	STREET, FA	CTORY, FARM, E	rc.)				Сп	Y OR TOWN		COUNTY		STATE
-	MAN WALE		AT WORK	AT WORK												
	A S S S S S S S S S S S S S S S S S S S		27a I certi	fy that I taak char	ge of the remains de	escribed aba	ve, held an	Autopsy		Inspection	X. Ir	nquiry	, and in my	apinion		
	NA PER		death result	ed from Natu	al causes X,	Accident	, Suic	de .	Hamicide	e .	Undetermi	ned manner				
	AK WEEK			5.	0. 5	- may			TITLE (SPE	CIFY)						
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	A SE	/	EVALUEDIE	*1***						217 V	VEST W	ASHIN	GTON S			
	* S & S & S & S		(TYPE OR PRI	NT) EDW	ARD W. DI	ITTO,	111, M.	D. A	DDRESS	HAGE	RSTOWN	, MAR	YLAND 2	21740)	
	DX 40 A A	73a.Bl	JRIAL, CREMA	TION, REMOVAL	73b DATE	73c. N	AME OF CEMI	TERY OR	CREMATORY	Ý	73d. LOCAT	ION		OUNTY		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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1	5	5	43	2

		REGISTRAR		CERTIF	ICAIE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	MIDDLE	1	AST		MONTH DAY	YEAR 2b.	HOUR
	(TYPE	OR PRINT)	E ELIZABETH	ST	OTTLEMYER	4	5-26-8	85	740
	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
1		Female	White	MONTH		98	MONTHS	DAYS HO	DURS MIN.
27	7n BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(2 8		BALTIMORE CITY C	YRS.	FATH	
L		COUNTRY)	U.S.A.	MARRIE	D NEVER MARRIED	1 3 a i l		0.	
1	10.01	MQ • ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	WIDOWE	Wilder Co.	120. USUAL OCCUPAT	VILO TOP	1 00	JSINESS OR
1	1.1		LIF NOT IN SUCH FACILITY GIVESTRE		1 1	TYPE OF WORK FOR MOST C		DUSTRY	J2INE22 OK
/		ager town	rotton Villa	- 110	DING CENTE	#			
L	13a S	STATE 1131 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 31 GITY OR 19		134 INSIDE CITY LIANTS?	13e STREET ADDRESS	ZIP CODE		
0	M	id. Fred	. Smiths	ourg	YES NO	130 STREET ADDRESS	21783		
11	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N.	440045	-	- FDG	- 678
10	1 3	TOHN	MELLO	T	JULIA	ANN	L.	EWIS	
0		VAS DECEASED EVER IN U.S. AF			17 INFORMANT	ADDRI		262	
1		VES, NO OR UNKNOWN) (IF YES, GI	217-28-	-6719	Kathleen I	Lamm Keed;	ysville	, Md.	
		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), o	and (cv)			1	APPROXIMATI	E INTERVAL
		PART I. DEATH WAS CAUSI	ED BY:		distruciu	~1.00 -	12251	octivities Orași	AND DEATH
		IMMEDIA	TE CAUSE (o)		aco a cere	aucy ?	Cons		
		Co-FE V	DUE TO, OR AS A CONSEO		4 1	least ray	1000		
		Conditions, if any, which gove rise to immediate	(b)	Coup.	steere t	Jean Ju	une		
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF					
			(c)						
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
_	ATION								
1	0	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING	CAUSES OF	DEATH?
1	CERTIF					YES NO	YES [10 🗆
6	U	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	LIQUID A MA MONITUL	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	R PART 2)	
1	N C P	(IF EITHER, NOTIFY MEDICAL EXAMINE	.2111	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	F. D	211. LOCATION STREET	CITY OR TO	wn cc	YINU	STATE
	2	WHILE NOT WHILE	(AT NOME, STREET, FACTORY OFFICE	E, FARM, ETC.)	Jinee				
		22a I certify that (I) (this hosp	oital) attended the deceased from		, 19	, to	, 19	, that	(I) (we) last
		saw the deceased alive ar	n19_ at) view the body ofter death.	, ar	nd that in (my) (aur) apinian	death accurred on the de	ate and haur and I	ram the caus	ses stated
	0	22b. SIGNATURE	at) view the body offer deofn.		DEGREE		2	2c. DATE SIG	NED
		0.1	24.00 Pin	1	ATTENDING	MEDICAL STAI		5/06	101
1		27d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	C-DIRECTOR - PHISIC	IAN	120	782
1		ABDUL WIL	HEED WD		1600 OAK	HILL AVE.	HAG U	in 2	740
-	230 0	BURIAL, CREMATION, REMOVAL		NAMEOSO			1777.	1041	70
	1	(SPECIFY) Rizrial	May29.1985 U	nited	Bethe IREMATORY Meth Cem	• Foxvill	e Fred	Md.	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

Thompson Funeral Home

MIddletown, Md

. (16 17 18 NE 14 NO. Les Contractor of the Contractor Car. Eager tower (below Mills / Turo, reflected to the grade. Deliterates E etc. E propie the cate of the continue of the contract of th the first and the contract of the state of t where were remained from the first property figures and first the state of

STATE OF MARYLAND 134616 DEPARTMENT OF HEALTH AND MENTALLYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH 2h HOUR TYPE OR PRINTS AMOS DAYS BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED [TH YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line to, PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that I this hospital) opended the deceased from and that in (my) aur) opinion death occurred on the date and have and from the couses stated 22c DATE MEDICAL ATTENDING STAFF PHYSICIAN PHYSICIAN 77e ADDRESS should be with the S DHMH - 16 50M 1/81

(VRA 15, 4)

adappr

ANCS W STRITE AR MAY 3 X985 1730 MINE LEWINE APRIL OF MAR BY All With A Co. HAUSTRILL BEEG GRANIER BR FARMEN FARM 1-14 CANH plantage : 250, Frank VECTER Daniel H State Hans as these + CE Some of the study of the transmouth my the table of the same Sweeze Horas 1955 Left Chies base Henry martle little to hill Many Process of the following the many

40117	I. DE	CEASED NAME FIRST	RANKLIN SWART	RTMENT OF HEALTH AND MENTALY Z CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
may be	3. SE	ROY ROY	F SWA	S. DATE OF BIRTH	May 12,1	985 4142AM
ige 4 rector urs aft		Male	White	July 1, 1907	TRO:	MONTHS DAYS HOURS MIN.
in 72 ho	7a. 8	RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY 7. Washing to	on Co. MD
by the fu	10.5	agerstown	(IENOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION LEET ADDRESS) LINGT NUTSING HOM	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Carman	126. KIND OF BUSINESS OR INDUSTRY Railroad
filled in fould be from the filled in fould be from the filled in	130.	STATE 13b. CC	e or other institution Give residence secondary 13c. CITY OR TO Shington Hage	DWN 136 INSIDE CITY LIMITS		21740 ex 283
ted within ampletely and 2 sh	14. F/	James	Oscar Swar	tz Mother's Maiden	NAME	Grubbs
an and co		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	CURITY NO. 17. INFORMANT -7010 Dorothy M	ADRONTE 1. Baker Hagers	
rhficate I physicic on popers emaval.		PART I. DEATH WAS CAL	only one cause per line for (a), (b);	and ich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death considered by the attending Then please remove corbito burial, cremofian, or a injury, or ather traumotic.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	oray atherosello	ERMINAL DISEASE OR CONDITION GIV	Years VEN IN PART 100
as been as being a	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \(\text{NO} \)
PHYSICIAN: The ending physicial physicial this certificate hee burial-transit plat Mental Hygies do them 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
or attending After this ce as the bur alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211. LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or hospital or RECTOR. Af hed for use a ppt. of Health fem 21 is ma		saw the deceased alive	on		ion death occurred on the date and hou	19, that (I) (we) last or and from the causes stated
0 0 0 00 -		22b. SIGNATURE WW	Less MD	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	22c. DATE SIGNED 5-12-18
HOSI Dined FUN Suld b		224 PHYSICIAN'S NAME (TY) William	W. Lesh M.D	22. ADDRESS 411 Div	ision Ave., Hag	erstown Md.
P	23a. l	BURIAL, CREMATION, REMOV SPECIFY) Burial		est Haven Comet	RY 23d. LOCATION	COUNTY STATE Washington
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR K.Coffman F			DATE REC'D. BY REGISTRAR 25b. REGIST	

. SE . Depter and to the terminal and the secretary the Number of the Company Line der Corfuer Duneyal Home, Inc., Hagerstown Helen

Ristine

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ILY GIEND CERTIFICATE OF DEATH

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Christine

REG. NO

DAY

7h HOUR

IF LINDER 21 HD

2540

NO [

STATE

20. DATE OF DEATH MONTH

1	34621	- STATE REGISTRAR
4 1	oge 3 Secutiv	I. DECEASED NAME
X	2.1	3. SEX
- 5	000	Female
	11 9 K	BIRTHPLACE (5
	1100	West Vir
1	21 1/2	10 CITY OR TOWN
11201 GUTI 0	13 /	Hagersto
how how	27	USUAL RESIDENCE
ANE ANE	13000	West Vir
#	EN SIN	H FATHER'S NAME

AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR Female White Sept. 1918 66 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED West Virginia WIDOWED DIVORCED | Washington CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Public LTYPE OF WORK FOR MOST OF WORKING LIFE! Washington County Hospital Hagerstown Statistician Education UAL RESIDENCE (IF NUMBER OF DIRECTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE West Virginia Berkelev Martinsburg KXON Rt. 1. Box 97BB FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Samue] Reed Boyd Alice Grapes ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) HEYES GIVE WAR OR DATES! Rt. 1. Box 97BB Martinsburg, WV No 236-14-8491 Harlan M. Tetrick APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for tol PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71m. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR LOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram. saw the deceased olive on obove, (1) (we) (did) (did not) view the body ofter deoth) , and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated 77k SIGHTEURS DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHOSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

111

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Buria

24 FUNERALL

roderic

23b DATE

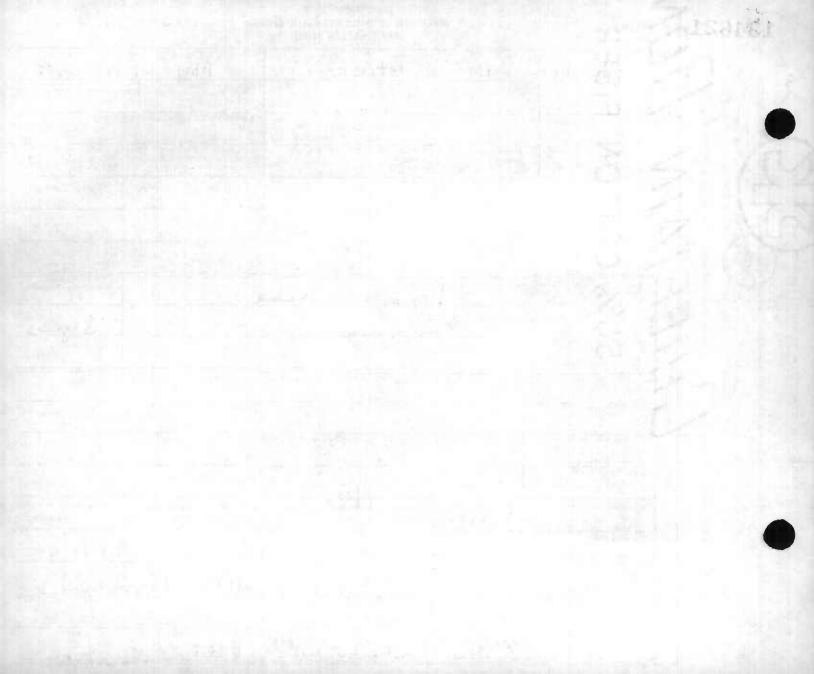
5/4/85

230. BURIAL CREMATION, REMOVAL

National Memorial Park Falls Church Fairfax VA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OF TOWN

821. 327 W.King St



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

RI	EGISTRAR				CERTILI	CAIL OI DE			REG. NO.			
DECE A	ASED NAME	FIRST	- Automotive	NIDDLE	LA	O A C 1	0	20. DATE OF D	EATH MONTH	H DAY	YEAR 2b F	HOUR
, TIPE OR	m	aru	1. 16	eresa T	111	NE	K	ma	24 31	1985	- 2	OO AN
SEX	7.71		RACE	5.	DATE O		****	6 AGE (IN YEAR	S AST BIRTHDAY	IF UNDER	DAYS HOU	NDER 24 HRS
F	emale	W. P.	White			ober 13,	1898		86	YRS MONIAS	DATS	MIN,
o. BIRTH	HPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY? 8		□ NEVER MA		9 BALTIMORE			ATH	
Emr	nitsbura.	Md.	U.S.		MARRIED	3 63 4	RCED	TURSK	inata	m Cal	intu	ME
	OR TOWN OF DEA			OSPITAL, NURSING	HOME O	R OTHER INSTIT	UTION	12a USUAL OC	CUPATION		KIND OF BUS	SINESS OR
Hac	gersta,	un I	Avola	m Manar	Niv	sina H	mp.		ewife	IND (IFE) IND	JOIKT	
USUAL4		ING HOME OF OT		GIVE RESIDENCE BEFORE AD.		13d INSIDE CITY	11441752	13e.STREET AD		CODE	Hage	rstow
	yland		ngton	Hagersto			IO []	365 No	ttinah	am Rd.		. 217
	IER'S NAME	- 12 - 10 - 14				15 MOTHER'S M		ME				
C	Calvin	MID	DLE	Harbaug	ih 1	FiR	ST g-	,	MIDDLE		LAST	
60 WAS	S DECEASED EVER			166 SOCIAL SECURIT		17 INFORMAN			ADDRESS	15 45th	h St.	
	O OR UNKNOWN)	(IF YES, GIVE W	'AR OR DATES)	215-26-10	699	E7.7.2	ott Tu	rner, O				342
		H (Enter only)	one couse nec	line for (o), (b), and (c							APPROXIMATE ETWEEN ONSET	
	PART I. DEATH W	AS CAUSED E	3Y.			al Inf	arct	ion			minu	
		IMMEDIATE (AS A CONSEQUENC								
NOI.		vificant co	ain S	ONTRIBUTING TO DEA YNDYOME TION FOR WHICH OF				INAL DISEASE C		IF YES, WERE		USED
TIFIC		ne								CERTIFYING C		DEATH?
S °	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CALEXAMINER)	21b. TIME OF HOUR A.M	n nonth pay	YEAR 19	-		RED (ENTERNATUR	RE OF INJURY IN IT	EM 18 PART I OR P	PART 2}	
-	WHILE NOT WHEN WORK AT WO		218 PLACE (one injury etheory, office, farm	w, ETC }	211 LOCATION STREET	13	- 1	CITY OR TOWN	COU	WTY	STATE
22	Re. certify that (I)		ottended the	deceased from	0-5) - 81	19		31/05	. 19		(1) (we) los
	obove, (I) (we) (c		view the bady	after death.		d that in (my) (a	ur) opinion o	death accurred o	on the date on			
	Pb. SIGNATURE W. L) Le	2	M		PH	ENDING YSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN [5-31-	85
22	Willia Willia		Lesh	M.D.		411 Di	visi	on Ave	Hag	erstov	vn,Md	•
23a BUR (SPE	RIAL, CREMATION,		23b DATE			METERY OR CR		23d LOCATION	TOWN	COUNT	γ	STATE
24 61 (2.15	Bur			3, 1985 R		naven (n wa
	ERAL DIRECTOR			NERAL HO				E REC'D. BY REG	SISTRAR 256. R	EGISTRAR'S S	IGNATURE	
4	15 E. Wi	ison B	Ivd., I	Hagerstow	n, M	d. 2174	WUN!	5 1985	· way	Dassid sons.	Bud a	0

DHMH - 16 60M 7/1 (VRA 15, 4)

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5-31-85

ROUTHING

wit bivision ave harerstown, u.

William W. resn

3/31/05

